Comprehensive List of SSA-4565 Data Elements

This table provides a comprehensive list of the data elements in the original version and proposed revised version of the Form SSA-4565 (Help Line Work Incentives Planning and Assistance (WIPA) Referral and WIPA Intake) and details the change, if any, by field.

SSA-4565 – Original Version			SSA-4565 – Revised Version			Revision Notes
Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
1	Date of contact	[Open response]	1	Date of contact	[Open response]	*No change.*
2	Servicing WIPA	[Open response]	2	Servicing WIPA	[Open response]	*No change.*
3a	Previously referred?	Yes; No	3a	Previously referred?	Yes; No	*No change.*
3b	If yes, date:	[Open response]	3b	If yes, date:	[Open response]	*No change.*
4	Name (first, middle, last):	[Open response]	4	Name (first, middle, last):	[Open response]	*No change.*
5a	Address (include city, state and ZIP):	[Open response]	5a	Address (include city, state and ZIP):	[Open response]	*No change.*
5b	County:	[Open response]	5b	County:	[Open response]	*No change.*
6a	Cell phone:	[Open response]	6a	Cell phone:	[Open response]	*No change.*
			6b	Consent to text?	Yes; No	New question added – Request for consent to send text messages to beneficiary.
6b	Work phone:	[Open response]	6c	Work phone:	[Open response]	*Question numbering change only – no change to question or response options.*
6c	Home phone:	[Open response]	6c	Home phone:	[Open response]	*No change.*
6d	Teletype (TTY/TDD)/Videophone number/Internet Protocol (IP) address:	[Open response]	6d	Teletype (TTY/TDD)/Videophone number/Internet Protocol (IP) address:	[Open response]	*No change.*
7	Email address:	[Open response]	7	Email address:	[Open response]	*No change.*
8	Best time and number to call:	[Open response]	8	Best time and number to call:	[Open response]	*No change.*
9a	Beneficiary's preferred language:	English; Other	9a	Beneficiary's preferred language:	English; Other	*No change.*
9b	If "Other", specify:	[Open response]	9b	If "Other", specify:	[Open response]	*No change.*
10a	Representative Payee?	Yes; No	10a	Representative Payee?	Yes; No	*No change.*
10b	Representative Payee name (first, middle, last):	[Open response]	10b	Representative Payee name (first, middle, last):	[Open response]	*No change.*
10c	Representative Payee address (include city, state and ZIP):	[Open response]	10c	Representative Payee address (include city, state and ZIP):	[Open response]	*No change.*
10d	Representative Payee phone:	[Open response]	10d	Representative Payee phone:	[Open response]	*No change.*
			10e	If cell phone, consent to text?	Yes; No	New question added – Request for consent to send text messages to representative payee.
10e	Representative Payee email:	[Open response]	10f	Representative Payee email:	[Open response]	*Question numbering change only – no change to question or response options.*
			10g	Best time and number to call:	[Open response]	New question added – Request the best time and number to call representative payee.
11	Social Security Number (SSN):	[Open response]	11	Beneficiary Social Security Number (SSN):	[Open response]	Question revision – Revised to clarify the request is for the SSN of the beneficiary. No change in data collected.
12	Claim number (if different from beneficiary	[Open response]	12	Claim number (if different from	[Open response]	*No change.*

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
	SSN):			beneficiary SSN):		
13	Date of birth:	[Open response]	13	Beneficiary date of birth:	[Open response]	Question revision – Revised to clarify the request is for the date of birth of the beneficiary. No change in data collected.
14	Is the beneficiary between the ages of 14 and 25 at the time of referral?	Yes; No	14	Is the beneficiary between the ages of 14 and 25 at the time of referral?	Yes; No	*No change.*
15	Is the beneficiary a Veteran of the United States Military?	Yes; No	15	Is the beneficiary a Veteran of the United States Military?	Yes; No	*No change.*
16	Type of benefits received by the beneficiary (verified by iTOPSS):	Supplemental Security Income (SSI); Title II (SSDI) (Includes: Childhood Disability Benefits (CDB) and Disabled Widow(er)s Benefits (DWB)); Concurrent entitlement (SSI and SSDI)	16	Beneficiary status (verified by iTOPSS):	Receives Supplemental Security Income (SSI); Receives Title II (Social Security Disability Insurance (SSDI) (Includes: Childhood Disability Benefits (CDB) and Disabled Widow(er)s Benefits (DWB)); Receives SSI and SSDI (concurrent entitlement)	Question and response options revision – Revised for clarity. No change in type of data collected.
17a	Ticket status (if over 18):	[Open response]	17a	Ticket status (if over 18):	[Open response]	*No change.*
17b	If assigned/in-use with Vocational Rehabilitation agency, agency name:	[Open response]	17b	If assigned/in-use with Vocational Rehabilitation agency, agency name:	[Open response]	*No change.*
18a	Employment status:	Full-time employment or self-employment; Part-time employment or self-employment; Job offer pending; Not employed	18a	Employment status at time of referral:	Full-time employment or self-employment; Part-time employment or self-employment; Job offer pending; Not employed	Question revision – Revised to clarify and specify the request is for the employment status "at time of referral". No change in data collected.
18b	If employed, job details (job title, # hours/week, pay rate):	[Open response]	18b	If employed, job details (job title, # hours/week, pay rate):	[Open response]	*No change.*
18c	Employer health benefits?	Yes; No; N/A	18c	Employer health benefits?	Yes; No; N/A	*No change.*
18d	Reported work to Social Security Administration (SSA)?	Yes; No; N/A	18d	Reported work to Social Security Administration (SSA)?	Yes; No; N/A	*No change.*
19a	Other benefits received?	Yes; No; N/A	19a	Other benefits received?	Yes; No; N/A	*No change.*
19b	If "Yes", specify:	[Open response]	19b	If "Yes", specify:	[Open response]	*No change.*
20	Beneficiary concerns/questions:	[Open response]	20	Beneficiary concerns/questions:	[Open response]	*No change.*
21	Date of referral:	[Open response]	21	Date of referral:	[Open response]	*No change.*
22	Source of referral:	Ticket to Work Help Line; Beneficiary or Representative Payee self-referral; Vocational Rehabilitation agency; Employment Network; Other community agency	22	Source of referral:	Ticket to Work Help Line; Beneficiary or Representative Payee self-referral; Vocational Rehabilitation agency; Employment Network;	*No change.*

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
					Other community agency	
23	Beneficiary Unique Identifier:	[Open response]	23	Beneficiary Unique Identifier:	[Open response]	*No change.*
24	CWIC	[Open response]	24	CWIC	[Open response]	*No change.*
25	Local SSA Field Office:	[Open response]	25	Local SSA Field Office:	[Open response]	*No change.*
26a	Primary contact:	Beneficiary; Representative Payee; Guardian; Other	26a	Primary contact:	Beneficiary; Representative Payee; Guardian; Other	*No change.*
26b	If "Other", specify:	[Open response]	26b	If "Other", specify:	[Open response]	*No change.*
27a	Is the Representative Payee the legal guardian?	Yes; No	27a	Legal guardian?	Yes; No	Question revision – Simplified wording. No change in data collected.
27b	Legal guardian name (first, middle, last):	[Open response]	27b	Legal guardian name (first, middle, last):	[Open response]	*No change.*
27c	Legal guardian address:	[Open response]	27c	Legal guardian address (include city, state and ZIP):	[Open response]	Question revision – Added "(include city, state and ZIP)" to be consistent with the other address request verbiage. No change in data collected.
27d	Legal guardian phone:	[Open response]	27d	Legal guardian phone:	[Open response]	*No change.*
			27e	If cell phone, consent to text?	Yes; No	New question added – Request for consent to send text messages to legal guardian.
27e	Legal guardian email:	[Open response]	27f	Legal guardian email:	[Open response]	*Question numbering change only – no change to question or response options.*
			27g	Best time and number to call:	[Open response]	New question added – Request the best time and number to call legal guardian.
28a	Preferred method of contact for primary contact:	Telephone; Email; In-person; Skype or other video conferencing; Via an interpreter; Other	28a	Preferred method of contact for primary contact:	Telephone; Email; In-person; Via an interpreter; Video conferencing; Other	Response options revision – Simplified response option wording from "Skype or other video conferencing" to "Video conferencing". No change in type of data collected.
28b	If "Other", specify:	[Open response]	28b	If "Video conferencing" or "Other", specify:	[Open response]	Question revision – Revised to also allow for specification of preferred video conferencing service.
29a	Alternate contact:	Representative Payee; Guardian; Other	29a	Alternate contact:	Representative Payee; Guardian; Other	*No change.*
29b	If "Other", specify relationship and complete lines 29 c-f:	[Open response]	29b	If "Other", specify relationship and complete lines 29 c-h:	[Open response]	Question revision – Corrected complete line numbering
29c	Alternate contact name:	[Open response]	29c	Alternate contact name (first, middle, last):	[Open response]	Question revision – Added "(first, middle, last)" to be consistent with the other name request verbiage. No change in data collected.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
29d	Alternate contact address:	[Open response]	29d	Alternate contact address (include city, state and ZIP):	[Open response]	Question revision – Added "(include city, state and ZIP)" to be consistent with the other address request verbiage. No change in data collected.
29e	Alternate contact phone:	[Open response]	29e	Alternate contact phone:	[Open response]	*No change.*
			29f	If cell phone, consent to text?	Yes; No	New question added – Request for consent to send text messages to alternate contact.
29f	Alternate contact email:	[Open response]	29g	Alternate contact email:	[Open response]	*Question numbering change only – no change to question or response options.*
			29h	Best time and number to call:	[Open response]	New question added – Request the best time and number to call alternate contact.
30a	Preferred method of contact for alternate contact:	Telephone; Email; In-person; Skype or other video conferencing; Via an interpreter; Other	30a	Preferred method of contact for alternate contact:	Telephone; Email; In-person; Via an interpreter; Video conferencing; Other	Response options revision – Simplified response option wording from "Skype or other video conferencing" to "Video conferencing". No change in type of data collected.
30b	If "Other", specify:	[Open response]	30b	If "Video conferencing" or "Other", specify:	[Open response]	Question revision – Revised to also allow for specification of preferred video conferencing service.
31	Describe any language or accommodation needs:	[Open response]	31	Describe any language or accommodation needs:	[Open response]	*No change.*
32	If over age 18 and receiving SSI, has Social Security conducted the age 18 redetermination?	Yes; No	32	If over age 18 and receiving SSI, has Social Security conducted the age 18 redetermination?	Yes; No	*No change.*
33	When did the disability begin?	Prior to age 22; Between age 22 and prior to age 26; Age 26 or older	33	When did the disability begin?	Prior to age 22; Between age 22 and prior to age 46; Age 46 or older	Response options revision – Updated from 26 to 46 to reflect the updated ABLE account eligibility criteria.
34	Does the beneficiary have a my Social Security account?	Yes; No; Recommended	34	Does the beneficiary have a my Social Security account?	Yes; No; Recommended	*No change.*
35	List the primary disability:	[Open response]	35	List the primary disability:	[Open response]	*No change.*
36	Statutorily Blind?	Yes; No	36	Statutorily Blind?	Yes; No	*No change.*
37	Marital Status:	Single; Married; Divorced; Separated; Widow(er)	37	Marital Status:	Single; Married; Divorced; Separated; Widow(er)	*No change.*
38	Race (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				Existing question removed – Eliminated request for race data to comply with recent Executive Orders regarding the collection of sex, race and ethnicity data.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
39	Ethnicity:	Hispanic or Latino; Not Hispanic or Latino; Prefers not to provide				Existing question removed – Eliminated request for ethnicity data to comply with recent Executive Orders regarding the collection of sex, race and ethnicity data.
40	Sex:	Male; Female; Other				Existing question removed – Eliminated request for sex data to comply with recent Executive Orders regarding the collection of sex, race and ethnicity data.
41	List other people in the household:	[Table – Name/Relationship; Age; Receiving Benefits (Yes; No); Type of Benefit; Amount; Comments]	38	List other people in the household:	[Table – Name/Relationship; Age; Receiving Benefits (Yes; No); Type of Benefit; Amount; Comments]	*Question numbering change only – no change to question or response options.*
42	If any household member (spouse or children) receives any type of means-tested benefits describe:	[Open response]	39	If any household member (spouse or children) receives any type of means-tested benefits describe:	[Open response]	*Question numbering change only – no change to question or response options.*
43	For SSI and Medicaid recipients only, describe all income or in-kind support:	[Table – Type of Income/In-kind Support; Source; Amount]	40	For SSI and Medicaid recipients only, describe all income or in-kind support:	[Table – Type of Income/In-kind Support; Source; Amount]	*Question numbering change only – no change to question or response options.*
44a	Health insurance:	Medicare (list parts in 44b.); Medicaid (list type in 44b.); Private; Employer-sponsored; Veteran's Affairs; Other (describe in 44b.); None	41a	Health insurance:	Medicare (list parts in 41b.); Medicaid (list type in 41b.); Private; Employer-sponsored; Veteran's Affairs; Other (describe in 41b.); None	*Question numbering change only – no change to question or response options.*
44b	Health insurance notes:	[Open response]	41b	Health insurance notes:	[Open response]	*Question numbering change only – no change to question or response options.*
45	SSA benefits:	[Table – Benefit; Receiving; Amount; Comments]	42	SSA benefits:	[Table – Benefit; Receiving; Amount; Comments]	*Question numbering change only – no change to question or response options.*
46a	Medicaid number (if applicable):	[Open response]	43a	Medicaid number (if applicable):	[Open response]	*Question numbering change only – no change to question or response options.*
46b	Medicaid benefits:	[Table – Benefit; Receiving; Recommended; Comments]	43b	Medicaid benefits:	[Table – Benefit; Receiving; Recommended; Comments]	*Question numbering change only – no change to question or response options.*
47a	Medicare number (if different than SSN):	[Open response]	44a	Medicare number (if different than SSN):	[Open response]	*Question numbering change only – no change to question or response options.*
47b	Medicare benefits:	[Table – Benefit;	44b	Medicare benefits:	[Table – Benefit;	*Question numbering change*

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		Receiving; Amount; Comments]			Receiving; Amount; Comments]	*only – no change to question or response options.*
48	Other Benefits:	[Table – Benefit; Receiving; Amount (if applicable); Recommended]	45	Other Benefits:	[Table – Benefit; Receiving; Amount (if applicable); Recommended]	*Question numbering change only – no change to question or response options.*
49	Excluded savings:	[Table – Benefit; Receiving; Recommended]	46	Excluded savings:	[Table – Benefit; Receiving; Recommended]	*Question numbering change only – no change to question or response options.*
50	Additional benefits or assets (for example, benefits specific to your state):	[Table – Benefit/Asset; Amount (if applicable); Comments]	47	Additional benefits or assets (for example, benefits specific to your state):	[Table – Benefit/Asset; Amount (if applicable); Comments]	*Question numbering change only – no change to question or response options.*
51	Eligible for WIPA services?	Yes; No	48	Eligible for WIPA services?	Yes; No	*Question numbering change only – no change to question or response options.*
52	Highest grade completed:	Primary or secondary school; Certificate; Graduate equivalent (GED); High school diploma; Vocational/Technical; Some college; Undergraduate degree; Graduate degree	49	Highest grade completed:	Primary or secondary school; Certificate; Graduate equivalent (GED); High school diploma; Vocational/Technical; Some college; Undergraduate degree; Graduate degree	*Question numbering change only – no change to question or response options.*
53a	If under age 22, is the beneficiary regularly attending school?	Yes; No; N/A	50a	If under age 22, is the beneficiary regularly attending school?	Yes; No; N/A	*Question numbering change only – no change to question or response options.*
53b	If "Yes", is the Student Earned Income Exclusion applicable?	Yes; No	50b	If "Yes", is the Student Earned Income Exclusion applicable?	Yes; No	*Question numbering change only – no change to question or response options.*
54	Describe any educational goal(s):	[Open response]	51	Describe any educational goal(s):	[Open response]	*Question numbering change only – no change to question or response options.*
55a	Does the beneficiary want to (choose one):	Increase income without losing SSDI or SSI benefits; Reduce SSDI or SSI benefits; Eliminate SSDI or SSI benefits	52a	Does the beneficiary want to work more to (choose one):	Increase income without losing SSDI or SSI benefits; Reduce SSI benefits; Eliminate SSDI or SSI benefits	Question and response options revision – Revised question for clarity. Revised response option wording from “Reduce SSDI or SSI benefits” to “Reduce SSI benefits” for accuracy (beneficiaries cannot reduce SSDI benefits). No change in type of data collected.
55b	Comments on work goals:	[Open response]	52b	Comments on work goals:	[Open response]	*Question numbering change only – no change to question or response options.*
56	Earnings goal 1:	[Open response]	53	Employment goal 1:	[Open response]	Question revision – Revised for clarity. No change in data collected.

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56a	Type of position or field of work:	[Open response]	53a	Type of position or field of work:	[Open response]	*Question numbering change only – no change to question or response options.*
56b	Number of hours anticipated per week:	[Open response]	53b	Number of hours anticipated per week:	[Open response]	*Question numbering change only – no change to question or response options.*
56c	Hourly wage or salary:	[Open response]	53c	Hourly wage or salary:	[Open response]	*Question numbering change only – no change to question or response options.*
56d	Estimated monthly earning goal:	[Open response]	53d	Estimated monthly earning goal:	[Open response]	*Question numbering change only – no change to question or response options.*
57	Earnings goal 2:	[Open response]	54	Employment goal 2:	[Open response]	Question revision – Revised for clarity. No change in data collected.
57a	Type of position or field of work:	[Open response]	54a	Type of position or field of work:	[Open response]	*Question numbering change only – no change to question or response options.*
57b	Number of hours anticipated per week:	[Open response]	54b	Number of hours anticipated per week:	[Open response]	*Question numbering change only – no change to question or response options.*
57c	Hourly wage or salary:	[Open response]	54c	Hourly wage or salary:	[Open response]	*Question numbering change only – no change to question or response options.*
57d	Estimated monthly earning goal:	[Open response]	54d	Estimated monthly earning goal:	[Open response]	*Question numbering change only – no change to question or response options.*
58	Employment services the beneficiary receives:	[Table – Agency; Contact; Service(s)]	55	Employment services the beneficiary receives:	[Table – Agency; Receiving; Contact; Service(s)]	Response options revision – Revised data collection table to include a column to annotate if the beneficiary is receiving the service.
59	List the services the beneficiary needs to reach his or her employment goal:	[Open response]	56	List the services the beneficiary needs to reach his or her employment goal:	[Open response]	*Question numbering change only – no change to question or response options.*
60	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.	Yes; No	57	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.	Yes; No	*Question numbering change only – no change to question or response options.*
61a	BS&A delivery - Beneficiary:	Telephone; Email; US mail; In-person; Skype or other video conferencing; Via an interpreter; Other	58a	BS&A delivery - Beneficiary:	Telephone; Email; US mail; In-person; Via an interpreter; Video conferencing; Other	Response options revision – Simplified response option wording from "Skype or other video conferencing" to "Video conferencing". No change in type of data collected.
61b	If "Other", specify:	[Open response]	58b	If “Video conferencing” or "Other", specify:	[Open response]	Question revision – Revised to also allow for specification of

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						preferred video conferencing service.
61c	BS&A delivery - Alternate Contact:	Telephone; Email; US mail; In-person; Skype or other video conferencing; Via an interpreter; Other	58c	BS&A delivery - Alternate Contact:	Telephone; Email; US mail; In-person; Via an interpreter; Video conferencing; Other	Response options revision – Simplified response option wording from "Skype or other video conferencing" to "Video conferencing". No change in type of data collected.
61d	If “Video conferencing” or "Other", specify:	[Open response]	58d	If “Video conferencing” or "Other", specify:	[Open response]	Question revision – Revised to also allow for specification of preferred video conferencing service.
62a	Employment status at the time the CWIC begins providing individualized services	Full-time employment or self-employment; Part-time employment or self-employment; Job offer pending; Not employed	59a	Employment status at the time the CWIC begins providing individualized services	Full-time employment or self-employment; Part-time employment or self-employment; Job offer pending; Not employed	*Question numbering change only – no change to question or response options.*
62b	Start date of current employment or self-employment:	[Open response]	59b	Start date of current employment or self-employment:	[Open response]	*Question numbering change only – no change to question or response options.*
62c	If employed, name of employer:	[Open response]	59c	If employed, name of employer:	[Open response]	*Question numbering change only – no change to question or response options.*
62d	If employed, weekday or dates employer issue paychecks:	[Open response]	59d	If employed, weekday or dates employer issue paychecks:	[Open response]	*Question numbering change only – no change to question or response options.*
62e	If employed, the amount of gross wages per	[Enter amount] hour; week; month; year	59e	If employed, the amount of gross wages per	[Enter amount] hour; week; month; year	*Question numbering change only – no change to question or response options.*
62f	If self-employed, nature of the business:	[Open response]	59f	If self-employed, nature of the business:	[Open response]	*Question numbering change only – no change to question or response options.*
62g	If self-employed, estimated net profit:	[Open response]	59g	If self-employed, estimated net profit (per year):	[Open response]	Question revision – Added “(per year)” for clarity. No change in data collected.
62h	Has the beneficiary reported these earnings to Social Security?	Yes; No	59h	Has the beneficiary reported these earnings to Social Security?	Yes; No	*Question numbering change only – no change to question or response options.*
62i	If “Yes”, give the date(s) of the report, and the manner he or she used to report the earnings:	[Open response]	59i	If “Yes”, give the date(s) of the report, and the manner he or she used to report the earnings:	[Open response]	*Question numbering change only – no change to question or response options.*
63	Prior work history:	[Table – Employer/Job Title; Hours/Week; Rate of Pay; Dates of Employment; Comments]	60	Prior work history:	[Table – Employer/Job Title; Hours/Week; Rate of Pay; Dates of Employment; Comments]	*Question numbering change only – no change to question or response options.*
64	List out of pocket expenses that could be Impairment Related Work Expenses (IRWE) or	[Open response]	61	List out of pocket expenses that may be Impairment Related Work Expenses	[Open response]	Question revision – Revised for clarity and accuracy (BWEs

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	Blind Work Expenses (BWE):			(IRWE). If the beneficiary is blind and receives SSI, list additional expenses that may be Blind Work Expense (BWE).		only apply if the beneficiary is blind and receives SSI). No change in data collected.
65	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.	[Open response]	62	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.	[Open response]	*Question numbering change only – no change to question or response options.*
66	Notes, additional information and next steps:	[Open response]	63	Notes, additional information and next steps:	[Open response]	*Question numbering change only – no change to question or response options.*