WIPA INTAKE SHEET Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other’s in attendance**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location of interview**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSN**: \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ **D.O.B**.: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  **Gender**: \_\_\_\_\_ male \_\_\_\_\_ female

**Marital Status**: Single Married Widowed Separated Divorced

**Ethnic Origin**: African American Caucasian Hispanic Arab-Chaldean Asian Native American

**Family Information**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Spouse |  | Income Source | Amount |
|  |  |  |  |
| Name of Child(ren) | Age | Income Source | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Benefits**:

**FEDERAL**

\_\_\_\_\_SSI:

 Full amount $\_\_\_\_\_\_\_\_\_\_\_

 Net amount $\_\_\_\_\_\_\_\_\_\_\_

Entitlement Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_SSDI:

 Full amount $\_\_\_\_\_\_\_\_\_\_\_

 Net amount $\_\_\_\_\_\_\_\_\_\_\_

Entitlement Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_DAC:

 Full amount $\_\_\_\_\_\_\_\_\_\_\_

 Net amount $\_\_\_\_\_\_\_\_\_\_\_

Entitlement Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE/OTHER**

\_\_\_\_\_Food Stamps

\_\_\_\_\_Unemployment $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Worker’s Comp $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ST/LT Disability

\_\_\_\_\_Vet

\_\_\_\_\_Railroad

\_\_\_\_\_Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING**

\_\_\_\_\_Subsidized

\_\_\_\_\_Section 8

**MEDICAL**

\_\_\_\_\_Medicare

 \_\_\_\_\_Part A

 \_\_\_\_\_Part B \_\_\_\_\_Subsidy

 \_\_\_\_\_Part D \_\_\_\_\_LIS

 \_\_\_\_\_Waiting for effective date

\_\_\_\_\_Medicaid

 \_\_\_\_\_SSI

 \_\_\_\_\_SSDI

\_\_\_\_\_Spend down $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_DAC

\_\_\_\_\_1619b

\_\_\_\_\_Private Insurance

 \_\_\_\_\_Employer

 \_\_\_\_\_Spouse’s Employer

**How did you hear about WIPA**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self Reported Disability**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is beneficiary his own payee**? \_\_\_\_\_Yes \_\_\_\_\_ No

**Name and address of Rep Payee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Language Considerations**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Education at Intake**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If less than 22 years old, is the individual enrolled in school?** \_\_\_\_\_Yes \_\_\_\_\_No

**Health Status at Intake**: \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor

**Vocational Rehab / Employment Network**: (Ticket to Work assigned)

|  |  |  |
| --- | --- | --- |
|  |  | Ticket assigned or used? |
| Agency: |  |  |
| Counselor: |  |  |
| Employment Plan: |  |  |
| Education Plan: |  |  |

**Community Mental Health**

|  |  |  |
| --- | --- | --- |
| CMH |  |  |
| Support Coordinator |  |  |
| Address: |  |  |

**Employment Status at Intake**: \_\_\_\_\_Currently working \_\_\_\_\_Job offer pending

 \_\_\_\_\_Looking for employment \_\_\_\_\_Considering Employment \_\_\_\_\_Self Employed

**SSDI/Work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | Hours | Rate | Sic/Vac/other | Paid Wkly/BI | Dates Employed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Vocational/Earnings Goal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Possible Impairment Related Work Expenses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Possible Subsidy and Special Conditions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Incentives Discusses**:

 \_\_\_\_\_TWP \_\_\_\_\_SSI Formula

 \_\_\_\_\_EPE \_\_\_\_\_1619 (b)

 \_\_\_\_\_IRWE \_\_\_\_\_Blind Work Expense

 \_\_\_\_\_Subsidy Development \_\_\_\_\_Student Earned Income Exclusion

 \_\_\_\_\_Extended Medicare \_\_\_\_\_Property Essential to elf Support

 \_\_\_\_\_Unsuccessful Work Attempt

 \_\_\_\_\_Expedited Reinstatement of Benefits

 \_\_\_\_\_SGA

 \_\_\_\_\_PASS \_\_\_\_\_SSDI Income Reporting

 \_\_\_\_\_Section 301 \_\_\_\_\_Gave SSDI Income Report Form

 \_\_\_\_\_Medicaid Buy-In \_\_\_\_\_SSI Income Reporting

 \_\_\_\_\_Ticket to Work Program \_\_\_\_\_Gave SSI Income Report Form

 \_\_\_\_\_Continuing Disability Review \_\_\_\_\_Gave SSDI self-employment form

 (CDR) Protections \_\_\_\_\_Gave SSI self-employment form

**Referrals**: \_\_\_\_\_MRS \_\_\_\_\_MMAPS \_\_\_\_\_VITA \_\_\_\_\_EN \_\_\_\_\_SSA \_\_\_\_\_MPAS

**Notes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I authorize** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to share a copy of my benefit analysis with**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_