DISABILITY RIGHTS PENNSYLVANIA

WIPA INTAKE FORM

DATE OF INTAKE: _____

REFERRED FROM: Ticket-to-Work Call Center

CWIC NAME: Phyllis Hilley, philley@disabilityrightspa.org, & 215-730-1444

UNIQUE NUMBER: _____

Beneficiary Information

Name: _____

Address: _____

City, State Zip: _____

Email address_____

Social Security Number_____ Date of Birth:_____

Gender: ___ Male ___ Female

Marital Status (check one):
___ Single ___ Married ___ Divorced ___ Widowed ___ Separated

Rep payee_____

Name and address_____

Transition age youth____ Veteran____ Statutory blindness____

Benefits received (check one):
SSI ___ SSDI ___ SSI and SSDI ___ CDB ___ DWB_____

Anyone else paid off benefit_____

Other benefits received (check all that apply):

HUD ___ Food Stamps ___ TANF____

Unemployment compensation_____ Worker's compensation_____

Veteran's compensation____ Veteran's pension____

Alimony _____ Child Support _____ Spousal Income____

LIHEAP_____ Water payment assistance_____

Health Insurance (check all that apply):

Medicaid____ Medicaid waiver _____ 1619B _____

Medicare____ Medicare: #_____ Part A / Part B date_____

MSP_____ MAWD_____

Employer health insurance_____

Current Employment Status (check one):

Not working ____

Working part time_____ Working full time_____

Self employed_____

Employer_____ Date of hire_____

Hourly wage_____ Weekly hours_____

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Monthly hours_____

Employment Services OVR_____
EN_____
Other_____

Interest in: Reducing benefit_____ Eliminating benefit_____

ABLE account____ IDA account_____ Special Needs Trust _____

WE NEED THE FOLLOWING INFORMATION-

Please fill out intake form and FAX 215 558 5765 OR MAIL to us in enclosed stamped envelope. Please add the following info if it applies:

Spousal income (if you have a spouse) _____

If you use HUD--- what program are you in? _____

If you use Food Stamps- how much monthly? _____

Does anyone else in your home use SNAP? _____ how much _____

Please fax or mail to me confirmation of your SNAP benefit.

TANF amount_____ Unemployment amount _____

Worker's comp amount _____

Veteran's compensation amount _____ Veteran's pension_____

Alimony (receive or pay?) ____ Child Support (receive or pay?) _____

Do you use a Medicaid Waiver? _____

If so which one _____