



# Iowa & Illinois Work Incentives Planning & Assistance Information Sheet

## Contact Information

Name (First, Middle Initial, & Last): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_ County: \_\_\_\_\_

## Benefits Information

**What disability benefit(s) do you receive? (*Check all that apply*)**

Social Security Disability Insurance (SSDI, CDB, DWB) Amount Received: \_\_\_\_\_

Supplemental Security Income (SSI) Amount Received: \_\_\_\_\_

**What type of health insurance you do receive? (*Check all that apply*)**

Medicare Medicaid Employer-Sponsored VA None

**Do you receive any of the following benefits? (*Check all that apply*)**

Food Stamps (SNAP) Housing Assistance (HUD) Medicaid Waiver

## Employment Information

Looking for Work Working Part Time Working Full Time

Type of Work (Position and Employer): \_\_\_\_\_ Start Date: \_\_\_\_\_

Weekly Hours: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Monthly Earnings: \_\_\_\_\_

Employment Goal:

## Other Benefits Planning Information

Have you reported your earnings to the Social Security Administration?	Yes	No
Are you aware of an overpayment on your disability benefits record?	Yes	No
Do you have an Achieving a Better Life Experience (ABLE) account?	Yes	No
Are you currently in school or plan on attending school in the future?	Yes	No
Are you considered legally blind?	Yes	No
Are you working with a job coach or Employment Network?	Yes	No

## Referral Information

### How did you learn about Work Incentives Planning & Assistance (WIPA)?

Website/Self      Ticket to Work Help Line      Vocational Rehabilitation      Other

Agency/Person that Referred You: \_\_\_\_\_

## Additional Information

**Please provide any additional information about your employment and/or benefits situation.**