



**CONSUMER INTAKE FORM - WIPA**

INTAKE DATE \_\_\_\_\_

Consumer Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Ethnic Group \_\_\_\_\_ Marital Status \_\_\_\_\_ Disability \_\_\_\_\_ Referral Source \_\_\_\_\_

I [RENT/OWN] a [HOUSE/APT/ \_\_\_\_\_] and live [BY MYSELF/WITH \_\_\_\_\_]

**BENEFITS INFORMATION**

What month and year were you first determined eligible for benefits? \_\_\_\_\_

Which benefit are you receiving? SSI SSDI Both Other \_\_\_\_\_

What health insurance do you use? Medicare Medicaid Other \_\_\_\_\_

What is the amount in Social Security benefits you receive per month? \$ \_\_\_\_\_

Are you currently working? \_\_\_\_\_ Have you worked since eligible? \_\_\_\_\_

Approximate monthly earnings from work before taxes? \$ \_\_\_\_\_

What do you hope to learn today? \_\_\_\_\_

Do you intend to increase or go back to work? \_\_\_\_\_

Other Notes \_\_\_\_\_

**What is your greatest barrier towards greater satisfaction/happiness/fulfillment in life?**

**What is your One Year Goal?**

**FOLLOW-UP** DATE \_\_\_\_\_

Is beneficiary working? Y/N How much earned income/month? \$ \_\_\_\_\_

Reduction in benefits? Y/N How much is adjusted cash benefit? \$ \_\_\_\_\_

Has beneficiary utilized a Work Incentive? Y/N Which one(s)? \_\_\_\_\_

Has beneficiary assigned Ticket to Work? Y/N If so, where? \_\_\_\_\_

Do you overcome your barrier? Are you where you thought you be one year ago? \_\_\_\_\_