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| Texas Workforce Solutions Logo.  Texas curved above Workforce Solutions above Stars curved under Workforce Solutions | **Texas Workforce Commission****Vocational Rehabilitation Services****Benefits & Work IncentivesPlanning Referral**  |
| **General Instructions**  |
| Follow the instructions below when completing this form: * Complete the form electronically answering all questions;
* If a question or section does not apply, enter “Not Applicable” or N/A.
* Before submitting to a Community Work Incentives Coordinator, obtain a current Benefits Planning Query (BQPY) from the Social Security Administration and attach to this referral.
* Submit to Benefits Counseling vendor with service authorization by fax, encrypted email, or mail.
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| **Benefits Counseling Provider** |
| **Provider Name:**       | **Email:**       |
| **Provider phone #:**       | **Provider Fax, if any:**       |
| **Counselor Information** |
| **Referring VRC:**       |
| **TWS-VRS Field Office:**       |
| **VRC Telephone #:**       | **VRC E-Mail Address:**       |
| **Customer Identification**  |
| **Name:**       | **DOB:**       |
| **VRS Case ID:**       | **Last 4 digits of SSN:**       |
| **Address:**       | **City/State/ZIP:**       |
| **Phone #:**       | **Email**:       |
| **Customer has one of the following:****[ ]** SSA Representative Payee **[ ]** Legal Guardian **[ ]** Authorized Representative [ ] None of these**Contact Info:**       |
| **Primary Disability for TWS-VRS:**       |
| **Employment Goal:**       |
| **Anticipated Hours Per Week:**       | **Anticipated Earnings Per Hour:**       |
| **Is the customer receiving any of the following:**UnemploymentWorkers CompensationOther Unearned Income[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No  |
| **Is customer currently receiving:**[ ]  SSI [ ]  Title II (SSDI, CDB/DAC or DWB) [ ]  Both SSI and Title II [ ]  None |
| **Means of Transportation:** [ ]  Self [ ]  Family/friends [ ]  Bus [ ]  Other  |
| **Does the customer have a Valid Driver’s License?** **[ ]** Yes [ ]  No |
| **Health Insurance (Check all that apply):** [ ]  Medicaid [ ]  Medicare [ ]  TriCare [ ]  Other (Employer, Private, ACA) [ ]  None |
| **Home and Community Based Services Waiver:** [ ]  HCS [ ]  TxHmL [ ]  CLASS [ ]  DBMD[ ]  MDCP/STAR Kids [ ]  STAR+PLUS HCBS [ ]  YES [ ]  MH Adult 1915i [ ]  STAR+PLUS Pilot [ ]  None  |
| **Is the customer:**U.S. Citizen?If No, Legal Resident?Full time student?[ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No |
| **Benefits and Work Incentives Planning Supports and Services Requested**   |
| **Check all that apply:**[ ]  Benefits Information & Referral – Only Title II and/or SSI (IPE not required)[ ]  Benefits Summary Analysis and Plan/Work Incentive Plan – Only Title II and/or SSI with IPE[ ]  Veteran’s Benefits Summary and Analysis/Work Incentive Plan – Only Title II and/or SSI with IPE [ ]  Revised Benefits Summary and Plan/Work Incentive Plan – Only Title II and/or SSI who have accepted job and hours/earnings are different than in original BSA/WIP[ ]  Veteran’s Revised Benefits Summary and Plan/Work Incentive Plan – Only Title II and/or SSI who have accepted job and hours/earnings are different than in original BSA/WIP |
| **Federal Work Incentive Program(s)** |
| **Check all that apply:**Supplemental Security Income (SSI) [ ]  Student Earned Income Exclusion (SEIE)[ ]  Impairment Related Work Expense (IRWE)[ ]  Blind Work Expense (BWE)[ ]  Property Essential to Self-Support (PESS)Title II Disability[ ]  Impairment Related Work Expense (IRWE)[ ]  Subsidy/Special ConditionSSI and/or Title II Disability[ ]  Plan to Achieve Self-Support (PASS)Any Customer (no SSA benefit needed)[ ]  Medicaid Buy-In |
| **Additional Comments** |
| **Enter specific information needed and/or additional comments, if any:**      |