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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 Incentives Planning 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. | | |
| **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 Condition  SSI 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:** | | |