Indiana Works Work Incentives Planning and Assistance Referral

Individuals who are just beginning their job search and/or have general questions may contact the Ticket to Work Helpline: 1 (866) 968-7842 or TTY: 1 (866) 833-2967

I,	agree to be referred to Indiana Wo	orks to assist with work incentive counseling
Beneficiary Information: Please P	rint	
Name:		DOB:/
Address:	City:	Zip code:
County: Pho	one: ()	
Social Security Number:	Disability:	
(Please check all that apply): \square v	working \square self-employed \square j	ob offer seeking employment
\Box transition aged youth \Box 1	receiving VR services receives	EN services
Payee:	Guardian: _	
Type of Social Security Benefit:	SSI SSDI Concurrent (SSI &SSDI) Unknown
Is the individual a Veteran: Yes (If yes, please complete the following)		
	ash benefits through the VA? \square YeAmount: \$	
,	health benefits from the VA?	
c.) Is the individual involved w	vith either the VA CWT or VA SE Pr	ogram?
Disability Insurance (SSDI) and/or Suppler assistance. In addition, I agree that information	will provide information concerning the imponental Security Income (SSI), as well as other ation obtained from my Community Work In no fee for services provided by Indiana Work	er programs from which I may receive acentive Coordinator will be shared with
Beneficiary/ Legal Representative Sign	nature Date	
Referrer Name	Referring Agency	
Phone	Email	

Northern & Central Indiana: FAX: (317) 516-6592, OR Email: IndianaWorks@AspireIndiana.org

Southern Indiana: FAX: (812) 482-2913, OR Email: WIPAINSIRS@sirs.org (Don't forget to *ENCRYPT* all email/password protected)

INDIANA WORKS Work Incentive Planning and Assistance (WIPA) Project

