date of referral: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

BENEFITS COACHING REFERRAL

customer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date of birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

phone number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

rep payee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

referring vr staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@state.mn.us

WORK GOAL

Type of Work Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self-Employment? Yes No

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

Rate of Pay: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Per \_\_\_\_\_\_\_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: Currently Working\* Start Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

 Has Job Offer; Expected Start Date Within a Month\*: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

Employment Expected Within a Month But No Job Offer

* + Yes
	+ No
	+ Yes
	+ No

 Has a Job In Mind, but no job offer

* + Yes
	+ No
	+ Yes
	+ No

 Interested In Working But No Job In Mind

* + Yes
	+ No
	+ Yes
	+ No

 \*Priority will be given to people currently working and people with current job offers.

Benefits

Social Security Disability Insurance (SSDI) Amount: $\_\_\_\_\_\_\_\_

Supplemental Security Income (SSI) Amount: $\_\_\_\_\_\_\_\_

Other Cash Benefits or income – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Health Insurance  Medicare

  Medical Assistance

  Other - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comfort with benefits changing when working**

* Fearful of benefit changes when working. Does not want to disrupt or work off cash benefits.
* Cautious about benefit changes when working. Wants to work and keep cash benefits.
* No major concerns about benefit changes when working. May consider working off cash benefits.
* Wants to work offcash benefits.

**Citizenship Status**

|  |  |
| --- | --- |
| * US Citizen
 | * Other Legal Resident
 |
| * Qualified Alien
 | * Undocumented or Non-immigrant
 |

**Specific questions/concerns about benefits/working:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACHMENTS

**Authorization to Release/Obtain Private Information with Partners [Form 70067] attached (required)**

 **Benefits Planning Query or signed copies of SSA Form 3288 (Forms 3288a and 3288b) attached**

**Applicant Information form** **(70003)** **attached, if available**