

**Job Placement Services**

**Benefits Advisement**

|  |  |
| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter Vendor Name |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

|  |  |
| --- | --- |
| Customer First Name: Click to enter | Customer Last Name: Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

|  |
| --- |
| **Dates and Hours of Service** |
|  **Number of Hours Authorized:** Enter number of units authorized **Number of Hours Used:** Click here to enter number of units used ***Note:*** Unit = 1 Hour  |
|  **Dates of Service:** Enter service dates here |

|  |
| --- |
| **Benefits Advisement Details** |
| Listed below are a wide range of benefit advisement topics that may be relevant and  appropriate to assess and/or review depending upon the needs and circumstances of each  individual customer.  Please check topics that applied to your meeting(s), and provide a narrative summary: |
| **Benefit Type:** |
| [ ]  |  **SSI Recipient** | [ ]  |  **SSI Applicant** | [ ]  |  **Public Assistance** |
| [ ]  |  **SSDI Recipient** | [ ]  |  **SSDI Applicant** | [ ]  |  **Other** |
| **Summary of meeting:** Enter summary here |
|  **Is your agency assisting the customer to navigate an appeal process?** |
|  | [ ]  **Yes** | [ ]  **No** |
| Benefits Advisement Topics |
|  |  Please indicate below the Benefits Assessment and/or Advisement topics discussed |
| [ ]  |  **Work Incentive** including provided benefits earnings scenarios over time for financial planning. |
| [ ]  |  **Countable Income,** potential loss of SSI dollars vs. actual earnings. Provide illustrations of continued access to SSI via the 1619b programs including explaining SSI income thresholds. |
| [ ]  |  **Trial Work Period** (TWP), **Substantial Gainful Activity** (SGA), **Extended Period of Eligibility** (EPE) grace periods, benefits reinstatement. and options to have  |
| [ ]  |  **Extended Access to Medicare** (Sec. 1818 of SSA law) and anticipated changes and/or loss of the SSDI dollar benefit due to earnings. |
| [ ]  |  **Plan for Achieving Self Support** (PASS plan) including need for referral, assistance / advocacy. |
| [ ]  |  **Impairment Related Work Expenses** including need for referral, assistance, and/or advocacy. |
| [ ]  |  **Subsidy** specific indicators, including the need for referral, assistance, and/or advocacy. |
| [ ]  |  Click or tap here to enter text. |
| [ ]  | Click or tap here to enter text. |
|  [ ]  | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |