

**Job Placement Services**

**Benefits Advisement**

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

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| 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. |

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

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| **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 |

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