



Job Placement Services Benefits Advisement

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Customer First Name:	Customer Last Name:
Customer Phone Number:	
Customer Email Address:	

Dates and Hours of Service

Number of Hours Authorized:

Number of Hours Used:

Note: Unit = 1 Hour

Dates of Service:

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:

<input type="checkbox"/> SSI Recipient	<input type="checkbox"/> SSI Applicant	<input type="checkbox"/> Public Assistance
<input type="checkbox"/> SSDI Recipient	<input type="checkbox"/> SSDI Applicant	<input type="checkbox"/> Other

Summary of meeting:

VR-175X

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
<input type="checkbox"/>	Work Incentive including provided benefits earnings scenarios over time for financial planning.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Trial Work Period (TWP), Substantial Gainful Activity (SGA), Extended Period of Eligibility (EPE) grace periods, benefits reinstatement. and options to have
<input type="checkbox"/>	Extended Access to Medicare (Sec. 1818 of SSA law) and anticipated changes and/or loss of the SSDI dollar benefit due to earnings.
<input type="checkbox"/>	Plan for Achieving Self Support (PASS plan) including need for referral, assistance / advocacy.
<input type="checkbox"/>	Impairment Related Work Expenses including need for referral, assistance, and/or advocacy.
<input type="checkbox"/>	Subsidy specific indicators, including the need for referral, assistance, and/or advocacy.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Completed By:

Printed Name

Title

Phone:

Email: