

Thank you for your referral. A Certified Work Incentive Counselor will contact you within 2 business days.



**CENTER** *for*  
**ACCESSIBLE LIVING**

## WIPA Program Services Referral Form

### *Agency providing referral*

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Case manager/Counselor Name: \_\_\_\_\_

Case manager/Counselor Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### *Beneficiary Information*

Beneficiary Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ County \_\_\_\_\_

Email address: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

List any accommodations needed for Benefits Counseling: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age now: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male Female Pronoun used: \_\_\_\_\_

Primary Disability as defined by Beneficiary: \_\_\_\_\_

Type of Social Security Cash Benefit: SSI SSDI Concurrent CDB Other

Is the beneficiary a Veteran: Yes No Unknown

Work Status: Considering Employment Looking for Employment Working or Job Offer

Does Beneficiary have Rep Payee or Guardian: If so, name and phone \_\_\_\_\_

Benefit Questions or Concerns: \_\_\_\_\_

Fax completed Referral to: **1-859-687-9474** Or email to: **wipa@calky.org**

Or mail to:  
**Center for Accessible Living,**  
**Attn: WIPA**  
**501 S. 2nd St., Suite 200**  
**Louisville, KY 40202**

***DON'T FORGET! All Documents  
Containing PII must be encrypted prior  
to emailing.***

***DO NOT EMAIL THE REFERRAL FORM  
WITHOUT ENCRYPTION!***