

Work Incentive Plan

Customer Name: _____ **SSN:** 000-00-0000 _____ **DATE:** 5/5/09 _____
Benefits Summary & Analysis review date: 1/6/09 _____ **Customer Initials:** _____
Employment Goal: Become employed in a community based job _____

ACCESSING EMPLOYMENT SERVICES AND SUPPORTS

Action Step	Person Responsible	Target Date	Completed Date
Apply for DVR	****	1/6/09	1/6/09
Finish Typing Class at *****	****	5/1/09	4/30/09
Work on learning new computer programs, give update on learning process by next month	****	6/9/09	
Find Resume and start looking at updates	****	7/6/09	

RESOLVING EXISTING BENEFIT ISSUES

Action Step	Person Responsible	Target Date	Completed Date
One Month over SGA, Contact SSA	****/****	4/7/09	4/7/09
Follow up with ****& SSA about work review	****	5/4/09	5/4/09

MANAGING SSA BENEFITS AND WORK INCENTIVES

Action Step	Person Responsible	Target Date	Completed Date
Start a file folder for pay stubs with tally sheet on front of folder	****	5/5/09	5/5/09
Start a file folder for receipts with tally sheet on front of folder	****	5/5/09	5/5/09
Maintain folder with receipts for continuing work reviews	****	6/9/09	

MANAGING FEDERAL, STATE OR LOCAL BENEFIT PROGRAMS

Action Step	Person Responsible	Target Date	Completed Date
Contact Rep Payee regarding update on benefits	****	4/14/09	4/14/09
Continue taking on paying own bills	****	6/9/09	
Maintain own Checking account	****	6/9/09	Ongoing
Have all bills in own responsibility for payment	****/Rep Payee	8/31/09	

PLANNING FOR FUTURE HEALTHCARE NEEDS

Action Step	Person Responsible	Target Date	Completed Date
N/A			

FOLLOW-UP CONTACT PLAN

Action Step	Person Responsible	Target Date	Completed Date
Meet with Benefits Counselor	****/****	5/5/09	5/5/09
Follow up with ****regarding work hours	****	4/14/09	5/5/09
Contact ****/SSA regarding Work Review	****	5/5/09	5/5/09
Meeting with Benefits Counselor	****/****	6/9/09	

Beneficiary Signature: _____
 CWIC Signature: _____

Date: _____
 Date: _____