

Work Incentive Benefits Portfolio Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be filled in completely prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Date	Report Author
Purchase Order (PO) Number	

Services must:

- Be conducted directly with the consumer via phone, virtually or face-to-face meeting
- Be individualized to meet the needs of the consumer
- Be conducted via consumer's preferred method of communication
- Verify benefit information with the appropriate sources

Reporting must include:

- A written, organized, clear, concise, and readable style including definitions of all acronyms
- Social Security Administration (SSA) disability programs and applicable work incentives
 - Social Security Disability Insurance (SSDI)
 - Supplemental Security Income (SSI)
 - Ticket to Work
- Health insurance programs
- Medicare
 - Medicare Savings Programs (MSP)
 - Medicare Supplemental policies
 - Medicare Advantage Plans
 - Medicare Part D Low Income Subsidy
- Medicaid
 - Medicaid Purchase Plan (MAPP)
 - Long Term Care (Medicaid Waivers, Family Care/I Respect I Self Direct/ Self Directed Supports, etc.)
 - BadgerCare Plus

- Private health insurance
 - Other insurance programs as appropriate for the individual
 - Private disability insurance programs
 - Unemployment Insurance
- Veteran's Benefits
- Worker's Compensation
- FoodShare
- Housing assistance programs
- Energy assistance
- Information on spouse and children's benefits and entitlements, if relevant

Please copy and paste your report below this line. The report must cover at a minimum all the reporting requirements listed above prior to payment.
