

WORK INCENTIVE NETWORK

WIN Service Request

Fax to 1-888-503-8263

Participant Name: _____

Participant Telephone Numbers:

Cell: _____ Other: _____

Participant Mailing Address: _____

City: _____ State: _____ Zip: _____

Participant Email: _____

Date Referral Faxed: _____

Referring Party (write "self" if self-referral): _____

Contact Name (write "self if self-referral): _____

Telephone: _____ Email: _____

Please enter contact requirements (i.e., the best person to contact and their information if different from participant, the need for face to face services vs. phone services due to impairment, etc.):

Please list members of the participant's support team and contact information if available (i.e. job developer, job coach, personal agent, etc.):

1. _____

2. _____

3. _____

4. _____

Is participant currently working? YES NO NOT SURE

If yes, how much are they earning per month? (i.e. Hourly rate? How many hours per month?)

If no, what is the participant's *work goal*? (if undecided simply note "unknown")

Does participant have immediate plans to work (i.e. within the next 2 months)? YES NO NOT SURE

Has participant previously worked since receiving benefits? YES NO NOT SURE

What questions about working and benefits do you want WIN to answer?