**WORK INCENTIVE NETWORK**

**WIN Service Request**

Fax to **1-888-503-8263**Email: **win.refer@state.or.us**

**Participant Name:** Click here to enter text.

**Participant Telephone Numbers:** **Cell:** Click here to enter text. **Other:** Click here to enter text.

**Participant Mailing Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

**Participant Email:** Click here to enter text.

**Date Faxed:** Click here to enter a date. **Name of VRC:** Click here to enter text.

**Telephone:** Click here to enter text. **Fax:** Click here to enter text.

**Email:** Click here to enter text. **Branch:** Click here to enter text.

**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.):

Click here to enter text.

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

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

**What is the participant’s *work goal*?** (if undecided simply note “unknown)

Click here to enter text.

**Is participant currently working?** Choose an item.

**Does participant have immediate plans to work** (i.e. within the next 2 months)? Choose an item.

**Has participant previously worked since receiving benefits?** Choose an item.

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

Click here to enter text.