

**Indiana Works**  
**Work Incentives Benefits and Planning Referral**

*Individuals who are just beginning their job search and/or have general questions may contact the Ticket to Work Helpline at 1-866-968-7842 or TTY: 1-866-833-2967*

I, \_\_\_\_\_, agree to be referred for a Benefits Summary and Analysis (BSA) in my return to work efforts.

I understand that the BSA will provide information concerning the impact of wages on my Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI), as well as other programs from which I may receive assistance.

I agree that information obtained from my Community Work Incentive Coordinator will be shared with the referring agency listed below. There is no fee for services provided by Indiana Works.

**Consumer Information: Please Print**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Disability \_\_\_\_\_

(Please check all that apply):  working  self-employed  job offer  seeking employment  transition aged youth  
 receiving VR services  receives EN services  payee \_\_\_\_\_  legal guardian \_\_\_\_\_

Is the individual a Veteran  Yes  No  Unknown (*If yes, please complete the following information*)

a.) Does they Veteran receive cash benefits through the VA?  Yes  No  Unknown  
Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

b.) Does the individual receive health benefits from the VA?  Yes  No  Unknown  
What is the medical priority group? \_\_\_\_\_

c.) Is the individual involved with either the VA CWT or VA SE Program?  Yes  No  Unknown  
Describe current activities: \_\_\_\_\_

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

**Print** \_\_\_\_\_  
Legal Representative Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Legal Representative Signature

\_\_\_\_\_  
Date

**Print** \_\_\_\_\_  
Referrer Name

\_\_\_\_\_  
Referrer Agency

\_\_\_\_\_  
Referrer Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Please let us know if you would like us to Cc a copy of the report to you:  Yes  No

Once completed, please email to: [IndianaWorks@AspireIndiana.org](mailto:IndianaWorks@AspireIndiana.org). (Don't forget to ENCRYPT all email/password protected) or, fax to **Indiana Works** at (317) 516-6592.