

How can WIPA help me?

A certified Community Work Incentives Coordinator (CWIC) can work with you to:

- Plan for the effect employment may have on your benefits
- Develop work incentives so you can be successful
- Coordinate with agencies that help you pay for training or services to return to work



All services are free
Contact WIPA at
888-768-7058

To locate other county WIPA projects or for general information about the Social Security work rules call the Ticket to Work Help Line: (866) 968-7842 or www.chooseworkttw.net/findhelp/

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Disability Rights California a 501(c)(3) organization, is funded by a variety of sources, for a complete list of funders visit www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html

Work Incentives Planning & Assistance (WIPA)

What is WIPA?

The Work Incentives Planning and Assistance (WIPA) program is a free service that helps Social Security beneficiaries who receive benefits based on a disability make informed choices about their employment goals. This program is for individuals currently employed, self-employed, or who are seeking employment or self-employment.

Disability Rights California, in cooperation with the Social Security Administration, provides WIPA services to Social Security beneficiaries in San Diego, Imperial and Riverside Counties.



Who is eligible?

To be eligible to receive WIPA services you must:

- Receive benefits from Social Security based on a disability (SSDI or SSI) or cash benefits were suspended recently due to wages
- Be at least 14 years old
- Not eligible to receive Social Security retirement benefits *
- Be employed, self-employed, or looking for work

8-26-19

CWIC

~~Isela~~

Isela

Aleyda Toruno

Ticket to Work Helpline:
866-968-7842

WIPA Disability Rights California

Contracted by SSA to help

WIPA: 888-768-7058

What are the impacts of earnings on benefits? WIPA can help

How to get on the path to employment.

originally called BPAO

"Ticket to Work" - created community grants
WIPA is ^{more of a} ~~a~~ holistic approach than BPAO

Most clients contact WIPA through the Ticket to Work Helpline

Helpline will make a referral to WIPA if caller needs counseling (more one on one)

Community also refers to WIPA

Basic info intake & explain WIPA's services ^{might seem} cumbersome

- Might take some time to gather info. & docs.

- Will work with folks that have dev. dis. by working with the person's contacts to gather information

- Mutual collaboration = release of info from WIPA client

- Written summary after each counseling session. Could be checklists or whatever works for the person

- The earlier the better as far as contacting WIPA - whatever the person prefers

- Ticket to Work Helpline is a great resource, too.

- WIPA informs people to CALABLE - WIPA ~~cannot~~ cannot register them, but can tell them where to find info, etc...

- Imp. SD & Riverside - mostly done via phone, but they can come

office: 6th & C downtown

to the office if needed

For which incentives ~~are they~~ would they be eligible?

* can get creative

- PASS Plan: Plan to Achieve Self-Support \$ used for

employment goal & won't count as \$2K resource or income limits.

* have to save receipts, etc..

- Texting account so that is available. Or email.

WIPA - 1 year training program to be certified - 18 credit hrs. per yr. thereafter

- Svs. do not end when employment starts



San Diego Regional Center for the Developmentally Disabled

4355 Ruffin Road, Suite 200, San Diego, California 92123 · (858) 576-2996

AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable information, as set forth below, consistent with California and Federal law concerning the privacy of such information.

USE AND DISCLOSURE OF INFORMATION:

Consumer's Name Blake Daniel 921315
Last First Middle Initial UCI# Date of Birth

I, the undersigned, do hereby authorize:

Name: A BETTER LIFE TOGETHER, INC.
 Address: 8025 AERO DR., Ste. 215
SAN DIEGO, CA 92123
 Attention: ELIZABETH JACKSON

To provide individually identifiable information (health, psychological, educational, etc.) in verbal or written format from the above-named person's record to:

Name: San Diego Regional Center
 Address: 4355 Ruffin Rd
San Diego, CA 92123
 Attention: _____

The disclosure of this information is required for evaluation to determine my eligibility to receive services and/or to provide services to me.

EXPIRATION:

This Authorization expires one year from date of signature.

RESTRICTIONS:

California law prohibits San Diego Regional Center (SDRC) from making further disclosure of my information unless SDRC obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:

I understand that I have the following rights with respect to this Authorization:

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to: Custodian of the Records, San Diego Regional Center, 4355 Ruffin Road, San Diego, CA 92123.

My revocation will be effective upon receipt, but will not be effective to the extent that SDRC or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization.

I do not have to sign this Authorization in order to receive services from San Diego Regional Center.

APPROVAL:

Client, Parent or Legal Representative Signature

Self

Daniel Blake
 Printed Name

Date

6/19/14 6235

Relationship to Applicant

Witness (If Applicable)

Email, Area Code & Phone Number

SDRC #003 (Rev. 11/18)