

**Indiana Works**

**Work Incentives Benefits and Planning Referral**

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 a referral source. There is no fee for this service.

**Consumer Information: Please Print**

Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Disability \_\_\_\_\_

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

**Print** Legal Representative Name /Phone number

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

**Print** Referrer Name Referrer Agency

\_\_\_\_\_  
Referrer Email Address 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**  
(Don't forget to ENCRYPT all email/password protected) or,  
fax to **Indiana Works** at (219) 227-9359