



### UTAH WORK INCENTIVE PLANNING SERVICES (UWIPS) REFERRAL FORM

(An appropriate referral is a **current** recipient of SSI or SSDI and under full retirement age)

#### Client Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Gender:**  Male  Female    **Marital Status:**  Single  Married    **Veteran:**  Yes  No

Clients' other funding sources/agency assistance and amounts (if known): (Check as many as apply.)

- SSI ..... \$ \_\_\_\_\_  Food Stamps ..... \$ \_\_\_\_\_  Medicare
- SSDI ..... \$ \_\_\_\_\_  TANF/FEP ..... \$ \_\_\_\_\_  Medicaid
- Concurrent SSI/SSDI .. \$ \_\_\_\_\_  General Assistance .... \$ \_\_\_\_\_  Subsidized Housing
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

Affiliated Agencies: \_\_\_\_\_

Current Employment Status:  Part-time  Full-time  Not working

Gross Monthly Earnings: \$ \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Special Language or other Consideration:

Sign Language     English as a Second Language     Other: \_\_\_\_\_

#### Representative Payee/Guardian Info

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Referral Source Information

Date of Referral: \_\_\_\_\_ Referral Name: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Comments/Notes:

**Please FAX this form to (801) 974-1992 or email to [USORUWIPS@utah.gov](mailto:USORUWIPS@utah.gov).  
For more information call (801) 887-9530 or go to [jobs.utah.gov/usor/uwips](http://jobs.utah.gov/usor/uwips).**



**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.