



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 Does not wish to self-identify Other: _____

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/SNAP Medicare

SSDI/CDB/DWB \$ _____ Subsidized Housing Medicaid

Other: _____

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

Interpreter Required/Language Needed: _____

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/
Contact person for
scheduling:

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



Equal Opportunity Employer Program

Auxiliary aids (accommodations) 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.