

**Prior to mailing to CWIC**

Please complete the following checklist and mail with referral information to your local CWIC  
Please (x) the appropriate line that has been included with the referral.

**CHECKLIST for BINNERS**

\_\_\_\_\_ All information is completed concerning the Benefits Screening Profile referral information (e.g. pg. 2. List a specific vocational goal, (desired employment goal) how many hours a week/hourly pay list within additional comments section). Be sure to specify any children living in household, with their names and ages.

\_\_\_\_\_ Types of Medicaid Insurance the individual receives has been verified.  
\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_ Category of Medicaid Insurance  
\_\_\_\_\_ MAD  
\_\_\_\_\_ MADW  
\_\_\_\_\_ 1619B  
\_\_\_\_\_ Medicaid Select  
\_\_\_\_\_ Medicaid Waiver

\_\_\_\_\_ IRIS number (must be requested from Vocational Rehabilitation Counselor).

\_\_\_\_\_ BPOY Consent forms, authorizing information released to **Indiana Works** (2 are required).

\_\_\_\_\_ The Indiana Works/ Center for Mental Health Consent for release of confidential information is complete and your agency name is written on the Release/Request form.

\_\_\_\_\_ Vocational Rehabilitation (V. R.) counselor name and any payee/guardian guardian information

\_\_\_\_\_ V.R. Counselor Name \_\_\_\_\_ Payee name if applicable

\_\_\_\_\_ Release for Department of Family Resource (must include release if individual is receiving Medicaid)

\_\_\_\_\_ The Strategic Plan included

Signature of individual completing the check list \_\_\_\_\_ Date \_\_\_\_\_

Release Forms may be downloaded @ [www.sectcenter.org](http://www.sectcenter.org) click WIPA/Indiana Works