



Goodwill

Industries of Kentucky

WIPA Program Services Referral Form

Agency providing referral

Agency Name:	_____		
Address:	_____		
Phone number:	_____	Fax number:	_____
Email:	_____	Date:	_____
Case manager/Counselor name	_____		

Beneficiary Information

Name	_____						
Current Address	_____						
City	_____	State	_____	Zip	_____	County	_____
Home Phone	_____	Work Phone	_____				
Cell Phone	_____	Alt. Phone	_____				
Email	_____						
Is this person currently employed, or starting work soon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
If no, what is the employment goal?	_____						
Income (mark all that apply):							
None <input type="checkbox"/>	SSDI <input type="checkbox"/>	SSI <input type="checkbox"/>	Wages <input type="checkbox"/>	Public Assistance <input type="checkbox"/>	Other <input type="checkbox"/>	Family <input type="checkbox"/>	Unknown <input type="checkbox"/>

Email to: workincentives@goodwilky.org

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