

HEALTH AND EMPLOYMENT COUNSELING (HEC) APPLICATION

You must complete this form to enroll in the Health and Employment Counseling (HEC) program. Any personal information collected here will be used to establish your enrollment in HEC. This application also serves as your employment plan. Keep a completed copy of this application for your records so you can follow your employment plan.

Note: If you already have a recent employment plan from an agency such as the Division of Vocational Rehabilitation or a community service provider, you do not need to complete the entire employment plan. Only fill in the sections of the application that your other employment document does not cover, then attach a copy of your other plan.

For help completing this application, refer to the Health and Employment Counseling Consumer Guide, available at dhs.wi.gov/employment-skills/hec.htm.

SECTION 1: APPLICANT INFORMATION (Please print)

Name – Applicant	Date of Birth	Case Number (if any)	Date of Application
Address		City	ZIP Code
County of Residence		Telephone Number	
Contact information of the person helping you fill out this application (if any)			
Agency, if applicable	Name	Job Title, if applicable	Telephone Number
Address		City	ZIP Code

SECTION 2: BENEFITS

Check the benefits you get below (SSI, SSDI, Social Security Retirement, FoodShare, etc.).

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> FoodShare |
| <input type="checkbox"/> Social Security Retirement | <input type="checkbox"/> Social Security Disability Insurance (SSDI) |
| If you get Social Security Retirement, did you previously get SSDI? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Veteran's Disability benefits |

Check the appropriate box for the status of your disability determination

- Yes, I have a disability determination. Decision or start date:
 I have a pending disability determination. Start date:
 I do not have a disability determination, but I have applied for one. Date applied:
 No, I do not have a disability determination and have not applied for one. If you check this box, you do not need to continue your application as you are not eligible for HEC.

Are you currently participating in the Medicaid Purchase Plan (MAPP)? Yes No

If yes, what date does coverage end?

Why are your MAPP benefits ending?

Benefits Counseling—Have you gotten benefits counseling services in the past? Yes No

If yes, when did you get benefits counseling?

Name – Benefit Specialist	Name – Agency		
Address	City	Zip Code	
Email Address	Telephone Number		

In the last 12 months, have you gotten a summary of the benefits you're eligible for? Yes No

SECTION 3: EMPLOYMENT PLANNING

I am working with the Division of Vocational Rehabilitation and have attached my completed and signed employment plan.

I am working with the FoodShare Employment and Training (FSET) program and have attached my completed and signed employment plan.

Employment—List any jobs you might like to have in the next nine months. Be as specific as possible. Examples are stocker, laborer, office assistant, cashier, welder, or teacher. Do not include volunteer commitments or volunteer interests, as this does not meet the work requirement for MAPP. **Rank jobs from 1 to 3, with 1 being your first choice.**

1.

2.

3.

Skills and Personality—What skills and personality traits do you have that make these jobs good choices for you? Examples may include good attitude, people person, good listener, willing to take on responsibility, good at asking questions, or good with numbers.

1.

2.

3.

4.

5.

Skills Development—What skills do you need to work on to help you reach employment in the job(s) you listed above?

Employment Barriers—Think about your job goal(s) from Section 3. What is stopping you from going to work now? Examples of barriers may include transportation, equipment, lack of education or skills, attendant care, or needing work breaks because of your disability.

Writing down these barriers will help you think about how you can overcome them. Keep in mind these challenges may change as you find and start a job. You may need to look at this list again from time to time and write down new problems you experience as you pursue employment.

Employment Barriers	Steps to Remove Barrier
1.	
2.	
3.	
4.	
5.	

Barriers Resources—Who are the people or agencies that can help you overcome your employment barriers?

This section is to help you track your contacts. The HEC program will not contact anyone listed in this section.

Name	Role	Telephone Number
1.		()
2.		()
3.		()
4.		()
5.		()
6.		()

SECTION 4: CONNECTING WITH COMMUNITY RESOURCES

Networking with Existing Community Resources—What organizations, if any, have you already met with to discuss your employment goals and plans to overcome employment barriers?

This section is to help you track your contacts. The HEC program will not contact anyone listed in this section.

Organization	Date

What organizations, if any, do you plan to contact to address any additional employment barriers, and when do you plan to contact them?

Create a Plan—Take your **number one job from Section 3** and list the steps needed to get it. Also, list when you are planning on taking these steps and who can assist you with these steps. Keep in mind these steps may change as you gather information.

Steps Needed	When?	Who Can Help?

SECTION 5: APPLICANT RESPONSIBILITIES

I understand that when I get a job, I must report that I am working to my local agency and to the Health and Employment Counseling program coordinator.

Agreement to Complete Employment Plan

I understand that by signing this application, I agree to complete the goals, actions, steps, and activities I have listed in this plan.

DISCLAIMER

Whenever a person with a disability considers employment, it is important to understand how work may affect public and private benefits. Participation in the Health and Employment Counseling Program of the Medicaid Purchase Plan does not hold you harmless from the potential negative effects of increased income on your benefits. It is up to you to learn and understand how employment and increased income may impact your benefits, and to make an informed choice about pursuing employment. Further, by participating in the Health and Employment Counseling Program, the Department of Health Services makes no guarantee that you will have a job at the end of the 9-month period. Many factors may affect your success in finding employment including job environment, career goals, transportation availability, etc.

Printed Name – Applicant

Signature – Applicant

Date Signed

Signature - Person who helped with this form (if any)

Date Signed

Send your completed and signed application to:

Mail: HEC Program Coordinator
PO BOX 7851, Rm. 335
Madison, WI 53707-7851

Fax: 608-223-7755

Email: DHSHECMailbox@dhs.wisconsin.gov

DHS OFFICE USE ONLY – Do not write in this box

Date Received

Date Notified

Check Status

Initials

Enrolled Not Enrolled (reasons attached)

Comments