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 eligibility for the HEC program.

SECTION 1: APPLICANT INFORMATION (Please print)

Name – Applicant	Date of Birth	Disability	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.):

☐ Supplemental Security Income (SSI)
☐ Social Security Disability Insurance (SSDI)
☐ Social Security Retirement
☐ Veteran's Disability benefits
☐ FoodShare

If you get Social Security Retirement, did you previously get SSDI? ☐ Yes ☐ No

☐ I do not have a disability determination and have not applied for one.

☐ I do not have a disability determination and have applied for one. Date applied: _____

☐ I have a pending disability determination. Start Date: _____

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 received 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 received a summary of the benefits you could get? ☐ Yes ☐ No

SECTION 3: EMPLOYMENT PLANNING

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

☐ I am working with the FoodShare Employment and Training (FSET) program and I 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 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. _____ _____ (rank 1-3)
2. _____ _____ (rank 1-3)
3. _____ _____ (rank 1-3)

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. _____
6. _____

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?

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?

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?

Organization	**Date**

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 to take 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 Income Maintenance agency and to the Health and Employment Counseling manager.

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.

Print Name – Applicant

SIGNATURE – Applicant	Date Signed
SIGNATURE – Person who helped with this form (if any).	Date Signed

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 Human 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.

Send copy of HEC Application form to:

DHS/HEC Manager
1 W. Wilson, Rm. 527
PO Box 7851
Madison, WI 53707-7851
or
Fax: 608-223-7755
HEC Manager Toll Free 1-866-278-6440

DHS OFFICE USE ONLY – Do not write in this box.		
Date Received	Date Notified	
Check Status ☐ Enrolled ☐ Not Enrolled (reasons attached)		Initials
Comments:		