Client’s First Name Benefit Report

You’ll need a Benefits Planning Summary and analysis (BS&A)

| Because of [the reason the BS&A is needed], I have asked [name of Hub mentor] to work with us to write a more detailed report of your benefits, called a Benefits Summary and Analysis (BS&A). I will schedule a meeting with [name of Hub mentor] within 2 weeks. |
| --- |

Client’s First Name Client’s last name with ‘s Benefit Report

Created by
Benefit Coach’s Organization

***Prepared by Benefit Coach’s Name***

# Your Current Situation & Work Plans

Your Current Benefits

I’ve checked with these agencies: [list of agencies, such as SSA, DHS, etc.].

I verified that you get:

* $[current SSDI monthly benefit]/month net Social Security Disability Insurance (SSDI)
* $[current SSI monthly benefit]/month Supplemental Security Income (SSI)
* $[current MSA monthly benefit]/month Minnesota Supplemental Aid (MSA)
* $[current GA monthly benefit]/month General Assistance (GA)
* $[current SNAP monthly benefit]/month Supplemental Nutrition Assistance Program (SNAP)
* $[current MFIP monthly benefit]/month Minnesota Family Investment Program (MFIP)
* Medical Assistance (MA) [type and premium/spenddown amount]
* Medicare (Part A, Part B and Part D)
* Medicare Part B premium payment assistance
* Medicare Part D Low Income Subsidy (Extra Help)
* [others]

Your Work Plans

You told me:

* [Description of current work & earnings level, if applicable]
* You get employment services from: [list of agencies]
* You said you may need help with: [Description of supports and services needed to reach goal]

We talked about the following possible future earnings plans:

* Plan 1: $[earnings goal 1]/month
	+ [Description of Goal 1]
* Plan 2: $[earnings goal 2]/month
	+ [Description of Goal 2]

# Managing Your Benefits & Reporting Your Income

[Copy and paste the Managing Benefits activity]

**If you have any questions, talk to Disability Hub MN at 1-866-333-2466.**

# Next Steps

| Action Step | Person Responsible | Target Date | Completion Date |
| --- | --- | --- | --- |
| Carefully review this summary and ask for clarification if you have any questions. | Client’s First Name and Benefit Coach’s First Name | [date] |  |
| Contact Benefit Coach’s First Name when you have a job offer to update this report. | Client’s First Name | When job is offered |  |
| Schedule meeting with [Hub mentor name] to review BS&A | [Benefit Coach’s first name] | [Target date – within two weeks] |  |

# Important Things to Remember

[Include important things to remember here]

Agencies That Can Help

| Agency | Phone | Address/Web Site |
| --- | --- | --- |
| Disability Hub MN | 1-866-333-2466 | [www.disabilityhubmn.org](http://www.disabilityhubmn.org)  |
| [Agency name] | [Agency phone] | [Agency address/website] |

Using This Report

* + Keep this report and come back to it when you have questions about how your employment plans may affect your income and benefits.
	+ Share this report with other people who are helping you with benefits and work.

Changes in your situation may seriously affect the accuracy of this report. **Contact me right away to discuss any changes in your benefits or employment plans, or if you have any more questions about how work may affect your benefits.**

My Contact Information

Benefit Coach’s Name
Benefit Coach’s Phone Number
Benefit Coach’s Email