



**IMAGINE**  
ENTERPRISES

# Benefits Referral Process Checklist

Please send all referral documents in ONE email or packet to  
[benefits.counseling@imagine-enterprises.org](mailto:benefits.counseling@imagine-enterprises.org)

**Referrals CANNOT be accepted without the following documentation:**

## **VR1512 BENEFITS AND WORK INCENTIVE PLANNING REFERRAL**

- Must be complete with no blanks per form instructions.
- Must be the current version (02/23) and in **PDF format**; website location <https://www.twc.texas.gov/vocational-rehabilitation-service-forms>
- Provider Name: Imagine Enterprises
- Provider Email: [benefits.counseling@imagine-enterprises.org](mailto:benefits.counseling@imagine-enterprises.org)
- Provider Phone: 888-437-4213
- Provider Fax: 866-950-2948
- In addition to run-down of benefits, employment goals, SSN, DOB and who best to contact (if parent or rep payee), any special notes such as hearing impaired, Spanish speaking family, etc.
- Marked Benefits Summary Analysis and Plan/Work Incentive Plan as the **ONLY** service requested.

## **BPQY WITHIN THE LAST 6 MONTHS**

The Benefit Planning Query (BPQY) is a record from SSA (Form SSA-2459). There are different ways to get the BPQY, but it is recommended that you reach out to your SMURF for guidance.

## **SERVICE AUTHORIZATION**

- Specify which services you are requesting (most common is the WIPACT Benefits Summary Analysis — \$550.00) with a current start date or later and an expiration date of at least 60 business days from this date (excluding weekends and holidays).

## **Federal, State, and Local benefits (very helpful but not required)**

Examples: SNAP food benefits, housing, and medical coverage (insurance cards).