



Progress Review Form

Beneficiary: <Bene Name>

SSN: <SSN>

Date: <Notice Date>

Provider: <EN/State VR agency>

INSTRUCTIONS: Please inform us of your progress during the timeframe shown below by completing one of the boxes in Sections A-E below. Check “Yes” or “No” and provide information on progress with work and earnings, education, or technical training when appropriate to indicate if you have met the first 12-Month Progress Review requirements. Then sign, date, and return this form to MAXIMUS using the enclosed postage paid envelope or by fax at 703-683-3289. It is important that you respond within 30 days of the date on this form. You may retain a copy of this form for your records.

First 12-Month Progress Review Requirements

Between <INSERT MONTH AND YEAR> and <INSERT MONTH AND YEAR>:

A. I worked 3 out of 12 months with earnings at or above \$670 in each month (Trial Work Level for 2008).

Yes No

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

B. I obtained a GED or High School Diploma. Yes No

Name of Certifying Agency: _____

Agency Address: _____

Date GED or Diploma Earned: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

C. I completed 60% of a full-time course load for a full academic year in a degree or certification college program. Yes No

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

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Progress Review Form (continued)

Beneficiary: <Bene Name>
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Date: <Notice Date>

OR

D. I completed 60% of a full-time course load for an academic year in a Technical, Trade, or Vocational program. Yes No

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

E. I completed a combination of earnings PLUS some college degree or certification credits or technical, trade, or vocational program credits that together equals or exceeds 100%.

During this period I earned \$_____.

AND

I completed _____ credits of a full-time course load in a **degree or college certification program or in a technical, trade, or vocational program.**

School Name: _____

School Address: _____

Credits for full course load: _____

Date Completed: _____

Sign and date this form and mail or fax back to us.

I understand that if I make, or cause to be made, a representation which I know is false concerning the requirements of the Ticket to Work and Self-Sufficiency program, I could be punished by fine, or imprisonment or both.

Beneficiary Signature

Date

Return this form to MAXIMUS within 30 days using the enclosed postage-paid envelope or by fax at 703-683-3289.

EIN: <Insert #>
SSN: <Insert Beneficiary SSN>

Notice Code: F0001000
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Collection and Use of Information from Your Progress Review Form Privacy Act Statement

The Social Security Administration is authorized to collect the information on this form under Public Law 106-170 and §1148 of the Social Security Act. While furnishing the information on this form is voluntary, failure to provide all or part of the information on this form to the Social Security Administration will prevent review of your progress in the Ticket to Work Program. Although responses to these questions are voluntary, you will not be able to pass the progress review and remain excused from a medical review unless you answer the questions on this form.

Although the information you give us is almost never used for any other purpose than stated above, there is a possibility that for the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows: (1) to another Federal, State, or local government agency for determining eligibility for a government benefit or program; (2) to a Congressional office requesting information on behalf of the program participant; (3) to a third party for the performance of research and statistical activities; and (4) to the Department of Justice for use in representing the Federal Government.

The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO MAXIMUS TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313, OR FAX TO 703-683-3289.** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*