

# PLAN TO ACHIEVE SELF-SUPPORT

Date Received

*In order to minimize recontacts or processing delays, please complete all questions and provide thorough explanations where requested. If you need additional space to answer any questions, use the Remarks section or a separate sheet of paper.*

Name \_\_\_\_\_ SSN \_\_\_\_\_ - -

## PART I - YOUR WORK GOAL

A. What is your work goal? (Show the job you expect to have at the end of the plan. Be as specific as possible. If you cannot be specific, provide as much information as possible on the type of work you plan to do. If you do not yet have a specific goal and will be working with a vocational professional to find a suitable job match, show "VR Evaluation" and be sure to complete Part II, question F on page 4.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your plan involves paying for job coaching, show the number of hours of job coaching you will receive when you begin working. \_\_\_\_\_ per  week  month (check one).

Show the number of hours of job coaching you expect to receive after the plan is completed. \_\_\_\_\_ per  week  month (check one).

B. Describe the duties and tasks you expect to perform in this job. Be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. How did you decide on this work goal and what makes this type of work attractive to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Is a license required to perform this work goal?  YES  NO  
(If yes, include the steps you will follow to get a license in Part III.)

E. How much do you expect to earn each week/month (gross) after your plan is completed?  
\$ \_\_\_\_\_ per  week  month (check one)

**PART I - YOUR WORK GOAL (Continued)**

F. If your work goal involves self-employment, explain why working for yourself will make you more self-supporting than working for someone else. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** If you plan to start your own business, attach a detailed business plan.

The business plan must include:

- the type of business;
- the advertising plan;
- technical assistance needed;
- a profit-and-loss projection for the duration of the PASS and at least one year beyond its completion.
- products or services to be offered by your business;
- a description of the market for the business;
- tools, supplies, and equipment needed;

Also include a description of how you intend to make this business succeed.

For assistance in preparing a business plan, contact the Small Business Administration, Chamber of Commerce, local banks, or other business owners.

G. Have you ever submitted a Plan to Achieve Self Support (PASS) to Social Security?  YES  NO If "no," skip to H.

Was a PASS ever approved for you?  YES  NO If "no," skip to H.

When was your most recent plan approved (month/year)? \_\_\_\_\_

What was your work goal in that plan? \_\_\_\_\_

Did you complete that PASS?  YES  NO

If no, why weren't you able to complete it? \_\_\_\_\_

If yes, why weren't you able to become self-supporting? \_\_\_\_\_

Why do you believe that this new plan you are requesting will help you go to work? \_\_\_\_\_

H. Have you assigned your "Ticket to Work"?  YES  NO If "no," skip to Part II.

Show name, address and telephone number of the person or organization it was assigned to.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART II - MEDICAL/VOCATIONAL/EDUCATIONAL BACKGROUND (Continued)**

D. **Select the highest grade of school completed.**

0  1  2  3  4  5  6  7  8  9  10  11  12

GED or  High School Equivalency      College:  1  2  3  4 or  more

Were you awarded a college or postgraduate degree?       YES       NO  
When did you graduate? \_\_\_\_\_ If "no," skip to E.

What type of degree did you receive? (AA, BA, BS, MBA, etc.)? \_\_\_\_\_

In what field of study? \_\_\_\_\_

E. Have you completed any type of special job training, trade or vocational school?       YES       NO  
If "no," skip to F.

Type of training \_\_\_\_\_

Date completed \_\_\_\_\_

Did you receive a certificate or license?       YES       NO If "no," skip to F.

What kind of certificate or license did you receive? \_\_\_\_\_

\_\_\_\_\_

F. Have you ever had or expect to have a vocational evaluation or an Individualized Written Rehabilitation Plan (IWRP) or an Individualized Plan for Employment (IPE)?       YES       NO  
If "no," skip to G.

If "YES," attach a copy of the evaluation. If you cannot attach a copy, when were you evaluated (or when do you expect to be evaluated) and when was the IWRP or IPE done ( or when do you expect it to be done)?

Show the name, address, and phone number of the person or organization who evaluated you (or will evaluate you) or who prepared the IWRP or IPE (or will prepare the IWRP or IPE.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. If you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PART IV - EXPENSES**

A. Do you propose to purchase or lease a vehicle?  YES  NO  
If yes, list the purchase or lease of the vehicle as one of the steps in Part III and complete the following: If "no," skip to B on Page 7

1. Explain why less expensive forms of transportation (e.g., public transportation, cabs) will not allow you to reach your work goal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you currently have a valid driver's license?  YES  NO  
If "yes," skip to 3

If no, does Part III include the steps you will follow to get a driver's license?  YES  NO  
If "yes," skip to 3

If no, who will drive the vehicle? \_\_\_\_\_  
How will it be used to help you with your work goal?  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you already own a vehicle?  YES  NO  
If yes, explain why you need another vehicle to reach your work goal. If "no," skip to 4

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the type of vehicle you propose to purchase or lease:  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Purchase price: \_\_\_\_\_  
OR Lease price: \_\_\_\_\_

5. If the vehicle is new, explain why a used vehicle is not sufficient to meet your work goal.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV - EXPENSES (Continued)**

B. If you propose to purchase a computer or other major equipment, describe the computer or equipment you will purchase, including the cost for each item.

---

---

---

C. Do you already own a computer?       YES       NO  
If yes, explain why you need another computer to reach your work goal.

---

---

---

D. Please explain why you need the capabilities of the particular computer and/or equipment you identified.

---

---

---

---

E. Other than the items identified in A through D above, list the items or services you are buying or renting or will need to buy or rent in order to reach your work goal. Be as specific as possible. If schooling is an item, list tuition, fees, books, etc. as separate items. List the cost for the entire length of time you will be in school. Where applicable, include brand and model number of the item. **(Do not include expenses you were paying prior to the beginning of your plan; only expenses incurred since the beginning of your plan can be approved.)**

NOTE: Be sure that Part III shows when you will purchase these items or services or training.

1. Item/service/training: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Vendor/provider: \_\_\_\_\_

How will you pay for this item (*one-time payment, installment or monthly payments*)?

How will this help you reach your work goal? \_\_\_\_\_

---

---

---

**Part IV - EXPENSES (Continued)**

2. Item/service/training: \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_  
Vendor/provider: \_\_\_\_\_  
How will you pay for this item (*one-time payment, installment or monthly payments*)?  
\_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_  
\_\_\_\_\_

3. Item/service/training: \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_  
Vendor/provider: \_\_\_\_\_  
How will you pay for this item (*one-time payment, installment or monthly payments*)?  
\_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_  
\_\_\_\_\_

4. Item/service/training: \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_  
Vendor/provider: \_\_\_\_\_  
How will you pay for this item (*one-time payment, installment or monthly payments*)?  
\_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_  
\_\_\_\_\_

5. Item/service/training: \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_  
Vendor/provider: \_\_\_\_\_  
How will you pay for this item (*one-time payment, installment or monthly payments*)?  
\_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_  
\_\_\_\_\_



**Part IV - EXPENSES (Continued)**

6. Item/service/training: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Vendor/provider: \_\_\_\_\_

How will you pay for this item (*one-time payment, installment or monthly payments*)?

How will this help you reach your work goal? \_\_\_\_\_

\_\_\_\_\_

F. Will any of the items, services or training costs be reimbursed to you or paid by any other source, person or organization?  YES  NO  
If yes, be sure to complete Part V, question F on page 11.

**CURRENT LIVING EXPENSES**

G. What are your current living expenses each month? \$ \_\_\_\_\_ /month

Include all living expenses:

- Rent, Mortgage, Property Taxes,
- Property/Personal Insurance,
- Utilities, Phone, Cable, Internet,
- Food, Groceries,
- Automobile Gas, Repair and Maintenance, Public Transportation,
- Clothes, Personal Items, Laundry/Dry Cleaning,
- Medical, Dental, Prescription,
- Entertainment, Charity Contributions, etc.

H. If the amount of income you will have available for living expenses after making payments or saving money for your plan is **less than** your current living expenses, explain how you will pay for your living expenses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V - FUNDING FOR WORK GOAL**

A. Do you plan to use any items you already own (e.g., equipment or property) to reach your work goal?     YES     NO

If "no," skip to B. If yes, show the items you will use that you already own:

Item \_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_

Item \_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_

Item \_\_\_\_\_  
How will this help you reach your work goal? \_\_\_\_\_

B. Have you saved any money to pay for the expenses listed on pages 6-9 in Part IV? (Include cash on hand or money in a bank account.)     YES     NO

If "yes," how much have you saved? \_\_\_\_\_

C. List the income you **receive or expect to receive** below. (Include Social Security benefits, wages, self-employment, assistance, royalties, pensions, dividends, prizes, insurance, support payments, etc.)

Type of Income	Amount	Frequency (Weekly, Monthly, Yearly)

D. How much of this income will you set aside to pay for the vehicle, computer, major equipment and other items, services and training listed in Part IV?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part V - FUNDING FOR WORK GOAL (Continued)**

E. Do you plan to save any or all of this income for a future purchase which is necessary to complete your goal?

YES     NO If "no," skip to F.

If "yes," you will need to keep this money separate from other money you have. How will you keep the money separate? (If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Will any other person or organization (e.g., grants, assistance, or Vocational Rehabilitation agency) pay for or reimburse you for any part of the expenses listed in Part IV or provide any other items or services you will need?

YES     NO If "no," skip to Part VI.

If "yes," provide details as follows:

Who Will Pay	Item/Service	Amount	When will the item/service be purchased?

**Part VI - OTHER CONTACTS**

Did someone help you prepare this plan?     YES     NO

If yes, give the name, address and telephone number of that person or organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Are they charging you a fee for this service?     YES     NO

If yes, how much are they charging? \_\_\_\_\_



---

## PART VIII - AGREEMENT

If my plan is approved, I agree to:

- Comply with all of the terms and conditions of the plan as approved by the Social Security Administration (SSA).
- Report any changes in my plan to **SSA** immediately.
- Keep records and receipts of all expenditures I make under the plan until asked to provide them to SSA.
- Use the income or resources set aside under the plan **only** to buy the items or services shown in the plan as approved by SSA.
- Report any changes that may affect the amount of my SSI payment immediately. (For example: income, resources, living arrangement, marital status.)

I realize that if I do not comply with the terms of the plan or if I use the income or resources set aside under my plan for any other purpose, SSA will count the income or resources that were excluded and I may have to repay the additional SSI I received.

I also realize that SSA may not approve any expenditure for which I do not submit receipts or other proof of payment.

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

E-mail address \_\_\_\_\_

If you have a representative payee, the representative payee must sign below:

Representative Payee Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## PRIVACY ACT STATEMENT

See Revised Privacy Act Statement Attached

The Social Security Administration is allowed to collect the information on this form under section 1631(e) of the Social Security Act. We need this information to determine if we can approve your plan for achieving self-support. Giving us this information is voluntary. However, without it, we may not be able to approve your plan. Social Security will not use the information for any other purpose.

We would give out the facts on this form without your consent only in certain situations. For example, we give out this information if a Federal law requires us to or if your congressional Representative or Senator needs the information to answer questions you ask them.

See Revised PRA, Attached

**Paperwork Reduction Act Statement** - 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 120 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to: SSA, 1338 Arnex Building, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

---

## OUR RESPONSIBILITIES TO YOU

---

We received your plan to achieve self-support (PASS) on \_\_\_\_\_.  
Your plan will be processed by Social Security employees who are trained to work with PASS.

The PASS expert handling your case will work directly with you. He or she will look over the plan as soon as possible to see if there is a good chance that you can meet your work goal. The PASS expert will also make sure that the things you want to pay for are needed to achieve your work goal and are reasonably priced. If changes are needed, the PASS expert will discuss them with you.

You may contact the PASS expert toll-free at 1- ( ) - \_\_\_\_\_

---

## YOUR REPORTING AND RECORDKEEPING RESPONSIBILITIES

---

If we approve your plan, you must tell Social Security about any changes to your plan and any changes that may affect the amount of your SSI payment. You must tell us if:

- Your medical condition improves.
- You are unable to follow your plan.
- You decide not to pursue your goal or decide to pursue a different goal.
- You decide that you do not need to pay for any of the expenses you listed in your plan.
- Someone else pays for any of your plan expenses.
- You use the income or resources we exclude for a purpose other than the expenses specified in your plan.
- There are any other changes to your plan.
- There are any changes in your income, help you get from others, or things of value that you own.
- There are any changes in where you live, how you live, or your marital status.

You must tell us about any of these things within 10 days following the month in which it happens. If you do not report any of these things, we may stop your plan.

You should also tell us if you decide that you need to pay for other expenses not listed in your plan in order to reach your goal. We may be able to change your plan or the amount of income we exclude so you can pay for the additional expenses.

**YOU MUST KEEP RECEIPTS OR CANCELLED CHECKS TO SHOW WHAT EXPENSES YOU PAID FOR AS PART OF THE PLAN.** You need to keep these receipts or cancelled checks until we contact you to find out if you are still following your plan. When we contact you, we will ask to see the receipts or cancelled checks. If you are not following the plan, you may have to pay back some or all of the SSI you received.

*The following revised Privacy Act Statement will be inserted into the form at its next scheduled reprinting:*

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to determine if we can approve your plan to achieve self-support.

The information you furnish on this plan is voluntary. However, failure to provide the requested information may limit your ability to participate in this program.

We rarely use the information you supply in your plan for any purpose other than for making a determination relating to participation in the program. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or 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.

Complete lists of routine uses for this information are available in Systems of Records Notice 60-0255 (Plans for Achieving Self-Support Management Information System). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.ssa.gov](http://www.ssa.gov) or at your local Social Security office.

---



*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - 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 120 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *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.*