

Employment Network Split Payment Request Form

Beneficiary Name:	SSN:																																		
Employment Networks																																			
Current EN:	Other EN:																																		
EIN:	EIN:																																		
Contact Name:	Contact Name:																																		
Phone:	Phone:																																		
Other EN:	Other EN:																																		
EIN:	EIN:																																		
Contact Name:	Contact Name:																																		
Phone:	Phone:																																		
Proposed Payment Split																																			
Please complete the appropriate box below to indicate the agreed upon payment split.																																			
<p style="text-align: center;">2 Way Split</p> <p style="text-align: center;">Please circle the number above the combination associated with the agreed upon percentage split.</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="border: 1px solid black;">Current EN</td> <td style="border: 1px solid black; text-align: center;">100</td> <td style="border: 1px solid black; text-align: center;">75</td> <td style="border: 1px solid black; text-align: center;">67</td> <td style="border: 1px solid black; text-align: center;">50</td> <td style="border: 1px solid black; text-align: center;">33</td> <td style="border: 1px solid black; text-align: center;">25</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td style="border: 1px solid black;">Prior EN</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">25</td> <td style="border: 1px solid black; text-align: center;">33</td> <td style="border: 1px solid black; text-align: center;">50</td> <td style="border: 1px solid black; text-align: center;">67</td> <td style="border: 1px solid black; text-align: center;">75</td> <td style="border: 1px solid black; text-align: center;">100</td> </tr> </table>		1	2	3	4	5	6	7	Current EN	100	75	67	50	33	25	0	Prior EN	0	25	33	50	67	75	100	<p style="text-align: center;">Customized Split</p> <p style="text-align: center;">Customized Split is only available for 3 or more ENs.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #FFC0CB;">Employment Network</th> <th style="background-color: #FFDAB9;">Payment Percentage</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> </tr> </tbody> </table>	Employment Network	Payment Percentage	1		2		3		4	
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We have discussed the services provided to the Ticket holder and agree to split the EN payments as requested above.																																			
EN Signature:	Date:																																		
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NOTE: Per 411.560 and 411.581 the Ticket Program Manager will make the actual determination regarding the allocation of payments to EN's requesting payment for the same outcome, milestone, or reconciliation payment under its elected payment system.																																			

**Privacy Act Statement
Collection and Use of Personal Information**

Public Law 106-170 and Section 1148 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to document requirements towards achieving your employment goal.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent you from pursuing your employment goal under the Ticket to Work program.

We rarely use the information you supply for any purpose other than for the Ticket to Work 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 State or Employment Networks having an approved business arrangement with Social Security to perform vocational rehabilitation services for disability beneficiaries and recipients; and,
4. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.

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 60-0300 (Ticket-to-Work Program Manager (PM) Management Information System). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

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 20 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.