

**STATE AGENCY TICKET ASSIGNMENT FORM
TICKET TO WORK AND SELF-SUFFICIENCY PROGRAM**

Instructions - This form must be completed to record that a beneficiary who is a ticket holder has decided to assign the ticket to a State Vocational Rehabilitation (VR) Agency under an EN payment system. The form must be completed by both the State VR agency representative and the ticket holder or, as appropriate, the ticket holder's representative. The State VR agency will submit this form in lieu of submitting the Individualized Plan for Employment. If the ticket has never been assigned, this form must be accompanied by the 18-month prior earnings look-back information. The ticket holder or his/her representative, as appropriate must sign this form to confirm the decision to assign the ticket to the State VR agency. The State VR agency will either send or fax the completed and signed form to:

Mail - **MAXIMUS Ticket to Work** **Fax - 703-683-3289**
ATTN: Ticket Assignment
P.O. Box 25105
Alexandria, VA 22313

A. To be Completed by State VR Agency (after verifying the beneficiary has a ticket which may be assigned to the State VR agency)

1. Enter the State VR Agency's name	Enter the State VR Agency's Employer Identification Number (EIN)
2. Ticket Holder's Name <i>(Last, First, Middle Initial)</i>	3. Ticket Holder Number <i>(This is the Social Security Number on the ticket with the TW suffix.)</i> <div style="text-align: center;"> _____ TW _____ </div>

4. (a) What vocational objective or employment outcome is outlined in the ticket holder's Individualized Plan for Employment?

(b) What is the expected type of job? *(Check one EEOC classification below):*

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Executive/Managerial | <input type="checkbox"/> Technical/Paraprofessional | <input type="checkbox"/> Service Worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Skilled Craft | <input type="checkbox"/> Operative | |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Secretarial/Office/Clerical | <input type="checkbox"/> Laborer | |

5. (a) Date the Individualized Plan for Employment was signed by ticket holder or his/her representative <i>(month, day year)</i>	5. (b) Date the Individualized Plan for Employment was signed by the State VR agency counselor <i>(month, day year)</i>
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6. In the Individualized Plan for Employment, date established for meeting the vocational objective chosen *(month, year)*

7. Please describe the services and supports to be provided to the beneficiary to accomplish the vocational goal in 4 above and help the beneficiary's progress toward self-sufficiency:

a. Service during initial job acquisition and retention phase, i.e. services you plan to complete by the time the Phase 1, Milestone 4 payment is requested (9 months of work attained)

b. Other services during ongoing support phases.

B. To be completed by the ticket holder or ticket holder's representative

Check the appropriate box and sign your name in the space provided below.

- I am the ticket holder to whom the information on this form applies.
- I am the representative of the ticket holder to whom the information on this form applies and am acting on his/her behalf.

I understand that once my ticket is assigned to the State VR agency, I have the right to retrieve my ticket for any reason. I acknowledge that the information contained on this form relating to the ticket holder is correct, and that I do willingly agree to assign my ticket to the State VR agency shown above.

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 a fine, or imprisonment, or both.

Ticket Holder or Representative Signature	State VR Agency Representative Signature
Date	Date

Collection and Use of Information from Your Ticket Assignment Form Privacy Act Statement

Section 1148, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to permit the Social Security Administration (SSA) to monitor the progress of a participant in the Ticket to Work and Self Sufficiency Program. The information you furnish on this form is voluntary. However, failure to provide all or part of the information requested on this form will prevent assignment of your Ticket to Work to your selected provider of services.

We rarely use the information you supply for any purpose other than for monitoring the progress of a participant in the Ticket to Work and Self Sufficiency 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: (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 Veteran 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, 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 and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notices 60-0295 and 60-0300. The notices, additional information regarding this form, and information regarding our programs and systems, 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 60 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.*