

**TTW Beneficiary Survey (English)**

1. The name of your current or previous Employment Network is/was...

- [INSERT EN NAME] → Skip to section “About your Employment Network”
- A Different Employment Network: \_\_\_\_\_ => Go to Q 2
- I currently do not have Employment Network => Go to Q 2

2. Please look at the list below and select reason(s) why you are no longer with this Employment Network. (Please check all that apply)

- Unable to work because of health or disability reasons
- Dissatisfied with my Employment Network
- Employment Network terminated their services or unassigned my Ticket
- Do not want or need employment
- Do not want to lose my SSI and/ or SSDI benefits
- Do not want to lose my Medicaid or Medicare benefits
- Other (Please specify): \_\_\_\_\_

Please GO TO next section “**About Employment Network**”

**ABOUT EMPLOYMENT NETWORK**  
<INSERT NAME OF EMPLOYMENT NETWORK>

Thinking about Employment Network [INSERT EN NAME], please rate your level of satisfaction with the following aspects of this Employment Network. If you are a representative payee answering on behalf of a beneficiary, please choose the level of satisfaction you believe the beneficiary had/has with the following aspects of this Employment Network.

3. The ability of staff members at my Employment Network to support me.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

4. The ability of my Employment Network to help me understand the type of jobs available in my community.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

5. The knowledge of staff members I interacted with at my Employment Network.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

6. The respectfulness of the staff at my Employment Network.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

7. The information my Employment Network gave me about other agencies in my community that could help me reach my employment goal.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

8. The usefulness of the services provided by my Employment Network in helping me meet my employment goals.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

9. My satisfaction with my Employment Network overall.

- Completely Satisfied
- Somewhat Satisfied
- Neither Satisfied or Dissatisfied
- Somewhat Dissatisfied
- Completely Dissatisfied

10. How many Employment Networks did you contact for information prior to assigning your ticket to your current Employment Network?

- 0
- 1
- 2 to 3
- 4 to 5
- 6 or more

11. Why did you assign your ticket to your current Employment Network? (Please check all that apply)

- The only provider nearby/closest provider
- Most willing to provide the services I wanted
- Recommended by a caseworker or other provider
- Recommended by another person who receives disability benefits (SSI or SSDI)
- Staff were responsive/courteous/knowledgeable
- They focus on assisting people with my type of disability
- Only provider willing to accept my ticket
- Some other reason (Please specify) \_\_\_\_\_

12. After you assigned your ticket, please indicate a) which services you needed, b) which services you actually received from your Employment Network, and c) which services you expect to receive from your Employment Network in the future?

(Please check all that apply. It is okay to check boxes in each column, or not check any boxes)

	Services you and your EN <b>agreed were needed</b>	Services <b>you actually received</b>	Services you <b>expect to receive</b> in the future
Career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job coaching/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing support to keep a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Help obtaining services from other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits counseling or referral to benefits counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please indicate which of the following areas you **liked** about your Employment Network and which of the following areas you think **need to improve**.

(Please check all that apply. It is okay to check both boxes or not check either box)

	Areas I <b>liked</b>	Areas I think <b>need to improve</b>
Location		
Respectfulness of staff members		
Quality of Services		
Help provided during job search		
Amount of time waiting for follow-up services		
Information provided about local jobs		
Support received from staff		
Information in accessible formats (e.g., Braille, online, print, another language)		
Hours of operation		
Responsiveness of staff in returning phone calls and emails		

**ABOUT YOUR JOB**

14. Are you currently employed?

- Yes, Full-time (30 hours a week or more) → Skip to Q 19
- Yes, Part-time (less than 30 hours a week) → Go to Q 15
- No, not currently employed → Skip to Q 22

15. Why are you currently employed part-time? (Please choose all that apply)

- Personal choice
- Only available form of employment
- Health or disability considerations
- Intended as initial entry/ re-entry to work force
- Do not want to lose my SSI and/or SSDI benefits
- Do not want to lose my Medicaid or Medicare benefits
- Other (Please specify): \_\_\_\_\_

16. Please answer the following questions pertaining to full-time employment.

(Please check either yes or no for each item)

	Yes	No
Have you ever been employed full-time?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in full-time employment?	<input type="checkbox"/>	<input type="checkbox"/>

17. Have you worked full-time since you assigned your Ticket?

- Yes  
 No → Skip to Q 19

18. If you were employed full-time after Ticket assignment, for what reasons are you no longer employed full-time? (Please choose all that apply)

- Left for personal reasons  
 Health or disability considerations  
 Working multiple part-time jobs  
 Lack of reliable transportation  
 Workplace issues  
 Did not want to lose my SSI and/or SSDI benefits  
 Did not want to lose my Medicaid or Medicare benefits  
 Laid off by employer  
 Other (Please specify): \_\_\_\_\_

When did you begin working at your current job?

- Within the last three months  
 3 - 6 months ago  
 7 - 9 months ago  
 10 - 12 months ago  
 1-2 years ago  
 3 or more years ago

19. Did your Employment Network provide services that helped you get your current job?

- Yes  
 No

For classification purposes, please provide a response to the following question.

20. What is your annual salary at your current position before taxes and benefits?

- \$1 - \$19,999  
 \$20,000 - \$39,999  
 \$40,000 - \$59,999  
 \$60,000 - \$79,999  
 \$80,000 - \$99,999  
 \$100,000 or more

Volunteer/Unpaid

21. How much do you agree or disagree with the following statement?

It is my goal to substitute or reduce my need for disability cash benefits with earnings from work.

- Strongly Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Strongly Disagree

**COMMENTS**

22. What ideas do you have for improving the Ticket to Work Program? (Please be specific.)

**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 12 minutes to complete this survey. You may send comments on our time estimate above: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address.

**Postcard Inviting Beneficiary to Participate (English)**

Back of post card:

Dear **<insert full name>**:

EurekaFacts is conducting an evaluation of the Ticket to Work Program on behalf of the Social Security Administration. We are asking for you to help us learn about your experience in the Ticket to Work program by completing a short, 12-minute survey. You were selected because you have used your ticket with an Employment Network under the Ticket to Work program and will be able to provide your opinions. If you are a representative payee answering on behalf of a beneficiary, please fill out the survey to the best of your ability to reflect the opinions of the beneficiary. To protect the confidentiality of your responses, the Employment Network's staff will not see your answers. To participate in this study,

Go to the website: <http://www.eurekafacts.com/ttw.html>  
and enter your unique ID number **[abc123]**

The survey will take you approximately 12 minutes to complete.

Please complete this survey at your earliest convenience.

**We want to thank you in advance for sharing your opinions**

Front of post card:

**Ticket to Work National Evaluation**  
C/O EurekaFacts National Survey Center  
51 Monroe Street, PE-10  
Rockville, MD 20850

**<insert name>**  
<insert address>

Please go to the website:  
**<http://www.eurekafacts.com/ttw.html>** and enter your unique  
ID number **[abc123]**

**Initial Letter Mailed out to Beneficiaries (English)**

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<insert date>

<insert name>

<insert address>

Dear <insert name>,

The Social Security Administration has asked EurekaFacts to contact you because you are a Social Security beneficiary who has participated in the Ticket to Work program. We are asking for you to help us learn about your experience with the program. Social Security beneficiaries who have used their tickets with your Employment Network, <insert Employment Network>, are being asked to complete a 12-minute survey.

**The person or organization to whom this letter is addressed should be the person who completes the survey.** If this person or organization is a representative payee answering on behalf of a beneficiary, they should fill out the survey to the best of their ability to reflect the opinions of the beneficiary.

We would like to make it easy for you to participate in this study. You may complete the survey either on the Internet or by mail using the paper survey form included with this letter. You do not need to do both. If you complete the paper survey, we have provided a postage-paid envelope in which you may return the paper survey. To complete the survey online please do the following:

Go to the website: **[www.eurekafacts.com/ttw.html](http://www.eurekafacts.com/ttw.html)**  
and enter your unique ID **[abc123]**

The Employment Network's staff will not see your answers and your name will not appear on the survey. Social Security will use all responses to improve the program.

Please complete this survey by <insert date>. The survey will take you approximately **12 minutes** to complete. Thank you in advance for your help.

EurekaFacts is conducting this survey on behalf of Social Security and the Ticket to Work program. If you have any questions about this survey, you may contact EurekaFacts at 1-855-403-4800 or email to [ttw@eurekafacts.com](mailto:ttw@eurekafacts.com).

Sincerely,

EurekaFacts, LLC, on behalf of the  
Social Security Administration



**Survey Questionnaire EN Cover Letter (English)**

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**CONSUMER SATISFACTION SURVEY**

**YOUR HELP IS VERY IMPORTANT!** This survey has been mailed to Social Security Administration beneficiaries. You were selected because you have used your ticket with an Employment Network under the Ticket to Work program and will be able to provide your opinions. The questions below will be used to provide information on Employment Networks. The Employment Network's staff will not see your answers. Your Employment Network is/was <INSERT EN>.

Please answer every question. If you are not sure of an exact answer please give your best guess. If you are a representative payee answering on behalf of a beneficiary, fill out the survey to the best of your ability to reflect the opinions of the beneficiary.

If you would prefer to complete the survey online, instead of on paper, please go to:

<http://www.eurekafacts.com/ttw>

You will be asked for a PIN number. Your PIN number is **[abc123]**

If you have any questions about this survey, you may call EurekaFacts at 1-855-403-4800 or email to [ttw@eurekafacts.com](mailto:ttw@eurekafacts.com). TDD/TTY users please contact your local Relay Center.

***Thank you very much for your help in improving the Ticket to Work program.***

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**Send the completed questionnaire to:  
Ticket to Work Survey  
51 Monroe Street, PE-10  
Rockville, Maryland, 20850**

If you completed the survey online, you do not need to send the paper questionnaire.

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