

# Social Security Administration

Request for Important Information

OMBNo. 0960-0644

Ticket to Work  
P.O.Box 1433  
Alexandria, VA 22313  
March 21, 2012

Name  
Name of Employment Network  
Address  
City, State, Zip Code  
Re: Timely Progress Review - Request for Response

Our records show that the beneficiaries named on the attached Progress Review Form currently have a ticket "Assigned" or in "In-use SVR" status with you. After every 12 months that the beneficiary's ticket is in one of these statuses, we ask about his or her progress toward a vocational goal such as completing certain education or getting and keeping a job. We refer to this as a "Timely Progress Review." We are requesting your help in assessing whether these individuals are making the expected progress because they did not respond to our request.

## What You Should Do

Please complete the attached Progress Review Form and return it to us according to the instructions on the form within 30 days of the date of this letter. We will notify you via a report concerning whether these individuals met the Timely Progress Review requirements. The requirements for each 12-month Timely Progress Review period are shown later in this letter.

## Why Conduct Timely Progress Reviews

As long as the beneficiary is making the expected progress toward his or her vocational goal, Social Security will not conduct a medical review to see if he or she is still disabled. We use the Timely Progress Review to decide if a beneficiary is making enough progress with work and earnings, education, or technical training to continue to be excused from a medical review.

The Timely Progress Review requirements enclosed with this letter show how much progress is expected in each 12-month period. If a beneficiary is not making the expected progress, he or she will no longer be excused from a medical review; however, the beneficiary may continue working with your EN or State VR agency toward his or her vocational goals.

**If You Have Questions**

We are here to help you. If you have any questions regarding Timely Progress Reviews or the Ticket to Work program, please call us at 1-866-968-7842 or TDD 1-866-833-2967. You may also fax us at 703-893-4020 or write to us at the following address:

Ticket to Work  
P.O. Box 1433  
Alexandria, VA 22313

Sincerely,

Ticket to Work Program

## Timely Progress Requirements to Pass Each 12-month Timely Progress Review

<b>1st 12-Month Review:</b>	Complete 3 months of work at Trial Work Level amount (refer to Form for amount), <b>OR</b> complete GED or high school diploma, <b>OR</b> complete 60% of a full-time course load for an academic year in a college or technical, trade or vocational training program, <b>OR</b> complete a combination of this work and education requirement.
<b>2nd 12-Month Review:</b>	Complete 6 months of work at Trial Work Level amounts (refer to Form for amount), <b>OR</b> complete 75% of a full-time course load for an academic year in a college or technical/trade/vocational training program, <b>OR</b> complete a combination of this work and education requirement.
<b>3rd 12-Month Review:</b>	Complete 9 months of work at Substantial Gainful Activity amount (refer to Form for amount), <b>OR</b> complete an additional full-time academic year of study, <b>OR</b> complete a 2-year or 4-year college program, <b>OR</b> complete a 2-year technical, trade or vocational training program, <b>OR</b> complete a combination of this work and education requirement.
<b>4th 12-Month Review:</b>	Complete 9 months of work at SGA amount (refer to Form for amount), <b>OR</b> complete an additional academic year of full-time study, <b>OR</b> complete a combination of this work and education requirement
<b>5th 12-Month Review:</b>	Complete 6 months of work at SGA amount (refer to Form for amount) with no SSDI and/or SSI cash benefits in months worked, <b>OR</b> complete an additional academic year of full-time study, <b>OR</b> complete a 4-year degree program.
<b>6th 12-Month Review:</b>	Complete 6 months of work at SGA amount (refer to Form for amount) with no SSDI and/ or SSI cash benefits in months worked, <b>OR</b> complete a 4-year degree program.
<b>7th 12-Month Review:</b>	Complete 6 months of work at SGA amount (refer to Form for amount) with no SSDI and/or SSI cash benefits in months worked. *

\* The guidelines for any subsequent 12-month Progress Review are the same as for the 7th 12-month Progress Review

## Ticket to Work Progress Review Form for DUNS: XXXXXXXXXX

03/21/2012

For each SSN shown in column one below, please look at the date of the individual's progress review period shown in column two. Then please fill out any other column(s) on that row that applies to the individual. Only indicate work or educational credits you are aware the beneficiary achieved during his or her progress review period. Write "Yes" under the column that matches the level of progress your client met during their 12-month progress review period, except certain columns require that you insert the number of educational credits completed or the dollar amount the beneficiary earned per month and the number of months worked. If there are no SSNs reported for a specific 12-month Progress Review Period, skip the review period.

For example, always write "yes" in column three when the individual has met the earnings requirement. When an individual has fully met any single requirement for the period, you need only indicate it in the appropriate box and the other boxes do not need to be completed. If the beneficiary had a combination of earnings and education for the period, please fill in the last three columns of the chart only to show the dollar amount earned per month and the number of months worked during the 12-month period. In addition, write the number of credits completed in the last column.

Leaving all columns blank for an SSN will indicate that you do not have information showing that the individual met the Progress Review requirements.

Please sign, date, and return this form to Ticket to Work by fax at 703-893-4020 or by mail using our address on the letter attached to this form. Please respond within 30 days of the date on this form.

### First 12-Month Progress Review

SSN	Progress Review Period	Earned 3 of 12 Months >=\$630*	High School Diploma or GED	No. of Credits College	No. of Credits Vocational	*****Combination*****		
						Amount Earned per month	No. of Months worked	Credits Completed

### Second 12-Month Progress Review

						*****Combination*****		

DUNS: XXXXXXXXXX

SSA-L1377

SSN	Progress Review Period	Earned 6 of 12 Months $\geq$ \$630*	No. of Credits College	No. of Credits Vocational	Amount Earned per month	No. of Months worked	Credits Completed
[REDACTED]	09/2010 thru 08/2011				\$		
[REDACTED]	09/2010 thru 08/2011				\$		
[REDACTED]	09/2010 thru 08/2011				\$		
[REDACTED]	09/2010 thru 08/2011				\$		
[REDACTED]	09/2010 thru 08/2011				\$		
[REDACTED]	09/2010 thru 08/2011				\$		
[REDACTED]	10/2010 thru 09/2011				\$		
[REDACTED]	12/2010 thru 11/2011				\$		

**Third 12-Month Progress Review**

SSN	Progress Review Period	Earned 9 of 12 Months $\geq$ \$882*	4-Year College Additional Year	Completed 2-Year College or Vocational	*****Combination***** Amount Earned per month	No. of Months worked	Credits Completed
[REDACTED]	09/2010 thru 08/2011				\$		

DUNS: [REDACTED]

SSA-L1377

[REDACTED]	10/2010 thru 09/2011				\$		
[REDACTED]	10/2010 thru 09/2011				\$		
[REDACTED]	10/2010 thru 09/2011				\$		
[REDACTED]	12/2010 thru 11/2011				\$		
[REDACTED]	12/2010 thru 11/2011				\$		
[REDACTED]	11/2010 thru 10/2011				\$		
[REDACTED]	11/2010 thru 10/2011				\$		
[REDACTED]	11/2010 thru 10/2011				\$		
[REDACTED]	11/2010 thru 10/2011				\$		
[REDACTED]	11/2010 thru 10/2011				\$		
[REDACTED]	11/2010 thru 10/2011				\$		

**Fourth 12-Month Progress Review**

SSN	Progress Review Period	Earned 9 of 12 Months $\geq$ \$882*	4-Year College Additional Year	*****Combination*****		
				Amount Earned per month	No. of Months worked	Credits Completed
[REDACTED]						

DUNS: [REDACTED]

SSA-L1377

██████████	09/2010 thru 08/2011			\$		
██████████	09/2010 thru 08/2011			\$		
██████████	09/2010 thru 08/2011			\$		
██████████	09/2010 thru 08/2011			\$		
██████████	09/2010 thru 08/2011			\$		
██████████	09/2010 thru 08/2011			\$		
██████████	10/2010 thru 09/2011			\$		
██████████	10/2010 thru 09/2011			\$		
██████████	10/2010 thru 09/2011			\$		
██████████	10/2010 thru 09/2011			\$		
██████████	12/2010 thru 11/2011			\$		
██████████	11/2010 thru 10/2011			\$		

**Fifth 12-Month Progress Review**

---

DUNS: ██████████

SSA-L1377

SSN	Progress Review Period	Earned 6 of 12 Months >=\$882* SSI/SSDI	Months No	4-Year College Additional Year	4-Year College Completed
[REDACTED]	09/2010 thru 08/2011				
[REDACTED]	09/2010 thru 08/2011				
[REDACTED]	09/2010 thru 08/2011				
[REDACTED]	10/2010 thru 09/2011				
[REDACTED]	10/2010 thru 09/2011				
[REDACTED]	10/2010 thru 09/2011				
[REDACTED]	10/2010 thru 09/2011				
[REDACTED]	11/2010 thru 10/2011				
[REDACTED]	11/2010 thru 10/2011				

**Sixth 12-Month Progress Review**

SSN	Progress Review Period	Earned 6 of 12 Months >=\$882* SSI/SSDI Cash Payment	4-Year College Completed
[REDACTED]	10/2010 thru 09/2011		



**Seventh and Subsequent 12-Month Progress Review**

SSN	Progress Review Period	Earnings 6 of 12 >=\$882* Months No SSI/SSDI Cash Payment
██████████	09/2010 thru 08/2011	
██████████	09/2010 thru 08/2011	
██████████	09/2010 thru 08/2011	
██████████	10/2010 thru 09/2011	
██████████	10/2010 thru 09/2011	

\*Amount represents 10% less than the Trial Work Level amount or the Substantial Gainful Activity amount for the progress review period.

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.

\_\_\_\_\_  
EN/SVRA Representative

\_\_\_\_\_  
Date

## 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 TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313, OR FAX TO 703-893-4020.** *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.*