

MAXIMUS Ticket to Work  
P.O. Box 1433  
Alexandria, Virginia 22313  
Date \_\_\_\_\_

EN/SVRA POC: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Re: 12-Month Progress Review – Request for Response

Our records indicate that the Ticket beneficiaries named on the attached Progress Review Forms have been working with your organization. We have reviewed their Social Security records but were unable to obtain evidence of earnings attained by these clients during their applicable 12-month Progress Review period. Therefore, we are requesting your help in assessing whether they are making the expected progress toward self-supporting employment.

### **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. If we obtain your input that your clients have met the requirements for this review period, they will pass their current 12-month Progress Review and we will consider them to be making the expected progress.

### **Why Progress Reviews are Important**

As long as your clients are working with you and making the expected progress toward their work-related goals, Social Security will not conduct a medical review to see if they are still disabled under SSA rules. A Progress Review is the way Social Security decides if your clients are making enough progress with work and education to continue to be excused from a medical review.

The Timely Progress Review Guidelines enclosed with this letter show how much progress your clients are expected to make in each 12-month period to continue to be excused from a medical review. If they aren't making the expected progress, your clients will not be excused from a medical review. However, they may continue to work with your agency toward their work goals.

## **If You Have Questions**

As our valued partner in the Ticket to Work Program, we appreciate your interest and commitment. We look forward to working with you to serve your needs. We invite you to visit the [www.yourtickettowork.com](http://www.yourtickettowork.com) and [www.socialsecurity.gov/work](http://www.socialsecurity.gov/work) websites regularly for program updates, general information, and training opportunities.

If you have any questions regarding the Ticket to Work Program, please fax us at 703-683-0957 or contact us at 1-866-949-ENVR (1-866-949-3687) or TDD 1-866-833-2967. You may also write to us at the following address:

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

Sincerely,

MAXIMUS Ticket to Work Program

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## Timely Progress Review Requirements During Each 12-month Review Period

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- 1<sup>st</sup>-12 months** (after 12 months of ticket use) – complete 3 months of work at Trial Work Level (TWL), **OR** complete GED or high school diploma, **OR** complete 60% of a full-time course load for an academic year in a college or technical/trade/vocational training program, **OR** complete a combination of this work and education requirement
- 2<sup>nd</sup>-12 months** (13-24 months of ticket use) – complete 6 months of work at Trial Work Level (TWL), **OR** complete 75% of a full-time course load for an academic year in a college or technical/trade/vocational training program, **OR** complete a combination of this work and education requirement
- 3<sup>rd</sup>-12 months** (25-36 months of ticket use) – complete 9 months of work at Substantial Gainful Activity (SGA) level, **OR** complete an additional full-time academic year of study, **OR** complete a 2-year or 4-year college program, **OR** complete a 2-year technical/trade/vocational training program, **OR** complete a combination of this work and education requirement
- 4<sup>th</sup>-12 months** (37-48 months of ticket use) – complete 9 months of work at Substantial Gainful Activity (SGA) level, **OR** complete an additional academic year of full-time study, **OR** complete a combination of this work and education requirement
- 5<sup>th</sup>-12 months** (49-60 months of ticket use) – complete 6 months of work at Substantial Gainful Activity (SGA) level with no SSDI and/or SSI cash benefits in months worked, **OR** complete an additional academic year of full-time study, **OR** complete a 4-year degree program
- 6<sup>th</sup>-12 months** (61-72 months of ticket use) – complete 6 months of work at Substantial Gainful Activity (SGA) level with no SSDI and/or SSI cash benefits in months worked, **OR** complete a 4-year degree program
- 7<sup>th</sup>-12 months** (73-84 months of ticket use) – complete 6 months of work at Substantial Gainful Activity (SGA) level with no SSDI and/or SSI cash benefits in months worked \*

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\* 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 EIN:**

For each SSN shown below, please write "Yes" under the column that matches the level of progress your client met during their 12-month progress review period. The date of their progress review period is also shown below.

If your client had a combination of earnings and education, please write the earnings amount in the "amount earned" column, the number of "credits completed", and the number of credits required for a "full course load" academic year during the "dates of the progress review period".

Any SSN left blank will indicate that the client did not meet the Progress Review requirements. Please sign, date, and return this form to MAXIMUS by fax at 703-683-0957 or by mail using our address on the letter attached to this form.

Please respond within 30 days of the date on this form, no later than <Notice Date +30 days>.

**First 12-Month Progress Review**

SSN	Progress Review Period	Earnings	High School Diploma or GED	4-Year College 60%	2-Year or Vocational 60%	*****Combination*****		
		3 of 12 Months >=\$670				Amount Earned	Credits Completed	Credits Full Load
						\$		
						\$		

**Second 12-Month Progress Review**

SSN	Progress Review Period	Earnings	4-Year College 75%	2-Year or Vocational 75%	*****Combination*****			
		6 of 12 Months >= \$670			Amount Earned	Credits Completed	Credits Full Load	
						\$		
						\$		

**Third 12-Month Progress Review**

SSN	Progress Review Period	Earnings 9 of 12 Months >=\$940	4-Year College Additional Full Year	Completed 2-Year or Vocational	*****Combination*****		
					Amount Earned	Credits Completed	Credits Full Load
					\$		
					\$		

**Fourth 12-Month Progress Review**

SSN	Progress Review Period	Earnings 9 of 12 Months >=\$940	4-Year College Additional Full Year	Completed	*****Combination*****		
					Amount Earned	Credits Completed	Credits Full Load
					\$		
					\$		

**Fifth 12-Month Progress Review**

SSN	Progress Review Period	Earnings 6 of 12 Months >=\$940 No SSI/SSDI	4-Year College Additional Full Year	4-Year College Completed

**Sixth 12-Month Progress Review**

		Earnings 6 of 12	
	Progress	>=\$940	
	Review	Months	
SSN	Period	No SSI/SSDI	4-Year College Completed

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

		Earnings 6 of 12	
	Progress	>=\$940	
	Review	Months	
SSN	Period	No SSI/SSDI	

**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. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.**

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.

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EN/SVRA Representative

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Date

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EIN:

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Form SSA-L1377 (xx-xxxx)

## Privacy Act Statement

### Collection and Use of Personal Information

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 document requirements towards achieving employment goals. The information you furnish on this form is voluntary. However, failure to provide all or part of the information requested on this form could prevent beneficiaries from meeting employment goals under the Ticket to Work program.

We rarely use the information you supply for any purpose other than documenting requirements towards achieving employment goals. 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; (4) to State agencies or Employment Networks having an approved business arrangement with SSA to perform vocational rehabilitation services for disability beneficiaries and recipients; and (5) 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 Notice 60-0300. The notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://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 <sup>15</sup> 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.***