

EN Payment Request Form

This form may be used to request Evidentiary Payment Requests (EPRs) or Certification Payment Requests (CPRs)

To ensure prompt and accurate payment to your Employment Network, please complete the following form and attach any acceptable earnings information required.

I. Employment Network Information

- 1. EN Organization Name: _____
- 2. EIN Number (Tax ID Number): _____
- 3. Is the financial institution and bank account information provided to the Ticket to Work Operations Support Manager on the Automated Clearinghouse Payment Enrollment Form (ACH Form) current?
Yes ___ No ___ (if No, please contact MAXIMUS @ 1-866-968-7842 before submitting this request)

Incorrect or outdated information may delay or prevent payment issuance to your Employment Network.

II. Ticket-holder Information

- 4. Ticket-holder's Name: _____
- 5. Ticket Number/Social Security Number: _____
- 6. Name of Ticket-holder's Employer: _____
- 7. Employer's Address (if available): _____
- 8. Payment Method for this Ticket Assignment

A. Outcome Payment Method _____ B. Milestone-Outcome Payment Method _____

III. Phase 1 - Milestone 1 Earnings Information (Complete only if requesting Phase 1 Milestone 1)

Please choose one of the following options by placing an "X" next to your selection:

- ___ A. The beneficiary achieved TWL level earnings during the calendar claim month.
- ___ B. The beneficiary achieved less than TWL , but he/she will achieve TWL earnings within the next 2 months.
- ___ C. The beneficiary achieved less than TWL earnings and is not expected to achieve TWL earnings within the next 2 months.

IV. Payment Request Details

9. Payment Request Type

- A. Evidentiary Payment Request – (Complete Section V)**
- B. Certification Payment Request – (Complete Sections VI and VII)**

10. Claim month(s) and year(s) for this payment request:

V. Evidentiary Earnings Information

11. Type of earnings documentation submitted: (these items must be included with this form)

- Pay slips
- Employer prepared and signed employee earnings statement
- Records from Third Party Source containing monthly wage information
- The Work Number Other

VI. Certification Payment Request Details

12. Type of Certification Information (Choose one):

- Recent contact with beneficiary/employer (please circle “beneficiary” or “employer”)
- Attached Earnings Inquiry Request (EIR) response received from MAXIMUS
- Attached information containing data from the National Directory of New Hires (NDNH)
- Attached Self Employment Income (SEI) Form (if beneficiary is self-employed)

13. Recent Contact Details (complete only if you selected “recent contact” on item 12):

Type of contact (phone call, email, etc): _____

Date of contact: _____

Description of information you learned from contact regarding level of earnings:

VII. Repayment Agreement (signature required):

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.

By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

Signature

Date

VIII. Contact Information for the Employment Network Representative Submitting this Request

Print Name: _____

Phone Number: _____ **FAX:** _____

Email: _____

**Ticket to Work and Self-Sufficiency Program
Payment Request
PO Box 1433
Alexandria, VA 22313-1433**

FAX: 703-683-3289

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 verify eligibility for payment. 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 you from receiving payment.

We rarely use the information you supply for any purpose other than verifying eligibility for payment. 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 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 5 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.*