

Progress Review Form

Beneficiary:	SSN:	Date:
Provider:		

INSTRUCTIONS: Please inform us of your progress during the timeframe shown below by completing one of the boxes in Sections A-E below. Check “Yes” or “No” and provide information on progress with work and earnings, education, or technical training when appropriate to indicate if you have met the first 12-Month Progress Review requirements. Then sign, date, and return this form to MAXIMUS using the enclosed postage paid envelope or by fax at 703-683-3289. It is important that you respond within 30 days of the date on this form. You may retain a copy of this form for your records.

First 12-Month Progress Review Requirements

Between _____ and _____:

A. I worked 3 out of 12 months with earnings at or above \$670 in each month (Trial Work Level for 2008).

Yes No

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

B. I obtained a GED or High School Diploma. Yes No

Name of Certifying Agency: _____

Agency Address: _____

Date GED or Diploma Earned: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

EIN:
SSN:

Progress Review Form (continued)

Beneficiary:
Provider:

SSN:

Date:

OR

C. I completed 60% of a full-time course load for a full academic year in a degree or certification college program. Yes No

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

D. I completed 60% of a full-time course load for an academic year in a Technical, Trade, or Vocational program. Yes No

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

E. I completed a combination of earnings PLUS some college degree or certification credits or technical, trade, or vocational program credits that together equals or exceeds 100%.

During this period I earned \$_____.

AND

I completed _____ credits of a full-time course load in a **degree or college certification program or in a technical, trade, or vocational program.**

School Name: _____

School Address: _____

Credits for full course load: _____

Date Completed: _____

Sign and date this form and mail or fax back to us.

EIN:
SSN:

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.

Beneficiary Signature

Date

Return this form to MAXIMUS within 30 days using the enclosed postage-paid envelope or by fax at 703-683-3289.

EIN:
SSN:

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 the requirements towards achieving your employment goal under the Ticket to Work 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 you from pursuing your employment goal under the Ticket to Work program.

We rarely use the information you supply for any purpose other than documenting the requirements towards achieving your employment goal under the Ticket to Work 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; (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 15 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.*

EIN:
SSN: