

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

<b>1st Month Review:</b>	<b>12-</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 Month Review:</b>	<b>12-</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 Month Review:</b>	<b>12-</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 Month Review:</b>	<b>12-</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 Month Review:</b>	<b>12</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 Month Review:</b>	<b>12</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 Month Review:</b>	<b>12</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

## Progress Review Form

**Beneficiary:** NAME  
**Provider:** LOUISIANA REHABILITATION SERVICES

**Date:** 03/21/2012

**INSTRUCTIONS:** Please inform us of your progress during the timeframe shown below by completing one or more of the boxes in Sections A-G 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 Ticket to Work using the enclosed postage paid envelope or by fax at 703-893-4020. 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 March 2011 and February 2012

A. I worked 3 out of 12 months with gross earnings at or above \$ 648\* in each month during the 12 month review period.

Yes

No

OR

B. I obtained a GED or high school diploma during the 12 month review period.

Yes

No

Name of School or Agency

Providing GED: \_\_\_\_\_

Month and Year of Completion: \_\_\_\_\_

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## Progress Review Form (continued)

Beneficiary: NAME

Date: 03/21/2012

Provider: LOUISIANA REHABILITATION SERVICES

### Between March 2011 and February 2012

OR

C. I completed a 2-year or 4-year college program during the 12 month review period.

Yes

No

School Name: \_\_\_\_\_

Month and Year of Completion: \_\_\_\_\_

OR

D. I completed a technical, trade, or vocational program during the 12 month review period.

Yes

No

School Name: \_\_\_\_\_

Type of Program Completed: \_\_\_\_\_

Month and Year of Completion: \_\_\_\_\_

OR

E. I completed some credits in a college program during the 12 month review period.

Yes

No

Number of Credits Completed \_\_\_\_\_ and number of credits needed to complete program \_\_\_\_\_

School Name: \_\_\_\_\_

## Progress Review Form (continued)

Beneficiary: NAME

Date: 03/21/2012

Provider: LOUISIANA REHABILITATION SERVICES

Between March 2011 and February 2012

OR

F. I completed some credits/hours/courses in a technical, trade, or vocational program during the 12 month review period.

Yes

No

Number of Credits/Hours/Courses Completed \_\_\_\_\_ and number of credits/hours/courses needed to complete program \_\_\_\_\_

School Name: \_\_\_\_\_

Type of Program: \_\_\_\_\_

OR

G. I completed a combination of earnings PLUS some education or training credits/hours/courses.

During this period, I worked \_\_\_\_ out of 12 months with gross earnings at or above \$ 648\* in each month.

I completed \_\_\_\_ credits/hours/courses in a college program or in a technical, trade, or vocational program and the number of credits/hours/courses needed to complete program \_\_\_\_\_

School Name: \_\_\_\_\_

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

\* 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

Beneficiary Signature

Date

Return this form to Ticket to Work within 30 days using the enclosed postage-paid envelope or by fax at 703-893-4020.

## 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.*