


# Social Security Administration

Important Information

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



Notice Code: Q0021v00

Re: 1st 12-Month Progress Review - Request for Response  
Name: AMBER LEANN MEAUX

Our records show that you are working with your State Vocational Rehabilitation (VR) agency or worked with them in the past to return to work. After every 12 months, even after the VR agency closes your case, we must decide if you are making progress toward your vocational goal. We look at progress such as completing certain education or getting and keeping a job. We refer to this as a "Timely Progress Review." It is now time to conduct your 1st 12-month Timely Progress Review.

## Your Timely Progress Review

Please complete the attached Progress Review Form to tell us about your progress from **March 2011 through February 2012**. Then return it to us using the enclosed postage paid envelope or by fax at 703-893-4020 within 30 days of the date of this letter. Your reply is important.

We will review your answers and decide if you have met the Timely Progress Requirements for the 1st 12-month Progress Review. We decide which review period you are in based on the length of time your Ticket to Work has been assigned. Please see the enclosed chart for the specific progress expected for each 12-month Timely Progress Review. We will not send you another letter if you have made the expected progress. However, we will write to you with our decision if the Progress Review Form does not show that you made the expected progress.

## Why Conduct a Timely Progress Review

As long as you are making the expected progress toward your vocational goal, Social Security will not conduct a medical review to see if you are still disabled under their rules. SSA uses the Timely Progress Review to decide if you are making enough progress with work and earnings, education, or technical training to continue to be excused from a medical review. We will not send you another letter if you have made the expected progress. However, we will write to you with our decision if the Progress Review Form does not show that you made the expected progress.

The Timely Progress Guidelines enclosed with this letter show how much progress you are expected to make in each 12-month period. If you are not making the expected progress, you will no longer be excused from a scheduled medical review. This does not mean you will be scheduled for a medical review right away, but that a medical review will be as normally scheduled. In addition,

[REDACTED]

if your VR case is still open, we encourage you to continue working with your State VR agency toward your 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

For help with general questions about Social Security benefits, you may call SSA at 1-800-772-1213, or you may write or visit any Social Security office. SSA can also give you more information about other employment supports that help people with disabilities go to work. If you visit a Social Security office, please bring this letter with you.

Sincerely,

Ticket to Work Program

## 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: [REDACTED]  
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: \_\_\_\_\_

**GO TO THE NEXT PAGE**

[REDACTED]

## Progress Review Form (continued)

Beneficiary: [REDACTED]  
Provider: LOUISIANA REHABILITATION SERVICES

Date: 03/21/2012

### 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: \_\_\_\_\_

[REDACTED]



## Progress Review Form (continued)

Beneficiary: XXXXXXXXXXXXXXXXXXXX  
Provider: LOUISIANA REHABILITATION SERVICES

Date: 03/21/2012

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.

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