

Employment Network Blanket Purchase Agreement (BPA) Change Form

Please Note: If this form is submitted via email it must be sent by the named Signatory Authority or EN Other Contact identified in your EN BPA agreement with the Social Security Administration. If this form is faxed, it must be signed by the same.

If you have any questions, please contact MAXIMUS Ticket to Work by email at ENOperations@yourtickettowork.com or toll-free at 1-866-949-3687.

EN Name: _____

DUNS Number: _____

Your Name: _____

Title: _____

Signature: _____

Date of Request: _____

SECTION ONE

Changes to information in this section should be sent directly to ENContracts@ssa.gov or faxed to 410-597-0429 with a copy faxed to your Account Manager at 703-893-4020.

Directions: Please indicate the section(s) to which you wish to make changes by entering the information in where indicated.

Update Mailing Address

Update Actual Address

Change Beneficiary Contact Information

Beneficiaries will be given this information in order to contact your EN.

Contact Name: _____

Phone: _____

Toll Free #: _____

Fax: _____

TTY: _____

Email: _____

Former contact no longer with the organization



Change Signatory Authority Contact Information

Contact Name: _____
 Phone: _____
 Toll Free #: _____
 Fax: _____
 TTY: _____
 Email: _____
 Former contact no longer with the organization

Change Payment Contact Information

EN-designated contact to receive notices and statements and follow-up inquiries from the Social Security Administration and the MAXIMUS EN Payment Department

Contact Name: _____
 Phone: _____
 Toll Free #: _____
 Fax: _____
 TTY: _____
 Email: _____

SECTION TWO

Changes to information in this section should be sent directly to your Account Manager

Other EN Contact Information

EN designated contact OTHER than the Signatory Authority to receive/answer requests from SSA concerning the EN BPA, and authorized to make changes to the BPA.

Contact Name: _____
 Phone: _____
 Toll Free #: _____
 Fax: _____
 TTY: _____
 Email: _____
 Former contact no longer with the organization

Change Payment Status Report Information

EN-designated contact to receive EN Payment Status Report from the MAXIMUS EN Payment Department. This contact may be different than the EN Payment Information Contact.

Contact Name: _____
 Phone: _____
 Toll Free #: _____
 Fax: _____
 TTY: _____
 Email: _____



Add, Delete, or Change Doing Business As (DBA) Name

- Add Name: _____
- Change Name: _____
- Delete Name: _____

Add, Delete, or Change Website Address

- Add Address: _____
- Change Address: _____
- Delete Address: _____

Do you want a link to this website on the Employment Network Directory? Yes No

Add or Update Text Field

Display the following text below your EN name in the EN Directory (270 character maximum):

Change Type of Organization

Check all that apply.

- Advocacy Group
- Business/Employer
- Community Based Organization
- Education/Training
- Faith-based Organization
- Healthcare Provider
- State/Local Government
- Transportation/Transit

Add or Delete Preferred Impairment Groups Served

- Add Delete Impairment Group: _____
- Add Delete Impairment Group: _____
- Add Delete Impairment Group: _____
- Add Delete Impairment Group: _____
- Add Delete Impairment Group: _____

Add or Delete Services Offered

- Add Delete Service: _____
- Add Delete Service: _____
- Add Delete Service: _____
- Add Delete Service: _____
- Add Delete Service: _____



Add or Delete Service Areas

National Serving all states and US Territories

Add Delete

Multi-State List all states you wish to change

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State:	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State:	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State:	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State:	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State:	_____

Single State List the state

Add Delete State: _____

Add or Delete Counties Served

For each state you are serving *select the county* you wish to add or delete.

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	County: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	County: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	County: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	County: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	County: _____

Add or Delete Zip Codes Served

For each state you are serving *select the zip code* you wish to add or delete.

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	Zip Code: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	Zip Code: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	Zip Code: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	Zip Code: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	State: _____	Zip Code: _____



Add or Delete Service Locations

<input type="checkbox"/>	Add	Location	
<input type="checkbox"/>	Delete	Address:	

Preferred Impairment Groups Serviced at this Location:

<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Impairment Group:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Impairment Group:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Impairment Group:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Impairment Group:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Impairment Group:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Impairment Group:	_____

Services Offered at this Location

<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Service:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Service:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Service:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Service:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Service:	_____
<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete	Service:	_____

Banking Information Notice

All banking information is changed directly on **CCR.gov**. There is no need to contact the Social Security Administration or MAXIMUS. Please ensure that your Employment Network has an active account on CCR.gov. To contact CCR.gov, please call **1-866-606-8220**.

Novations

If you are changing your Employment Network Name, EIN or DUNS Number, you must contact **Erica Day** directly at the Office of Acquisitions and Grants (OAG) at Erica.Day@ssa.gov or by phone at **410-965-9512**.

Suitability

When submitting contact change information suitability for new employees must also be submitted to the address below. Please note the cover page MUST contain the following: Contractor's Name, Contract Number, the Signatory Authority's Name, contact information, each applicant's full name, Social Security number, date of birth and place of birth.

SSA
CPSPM Suitability Team
6401 Security Boulevard
Room 1260 Dunleavy Building
Baltimore, MD 21235
ensuitability@ssa.gov