

EN Services Certification Statement

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| Employment Network Name: | DUNS Number: |
| Beneficiary Name: | Beneficiary Social Security Number: |
| Beneficiary Phone No: Beneficiary Email: | Beneficiary Address: |

When requesting any of the payments listed below, please fill-in Part 1 of this form concerning the provision of previously agreed upon services and Part 2 to indicate the services you will provide in the future. Keep a copy of this statement for your records.

- × Phase I, Milestone 4 Outcome 11
- Phase 2, Milestone 11 Outcome 22

Part I: Statement of Services Provided

Please check the last plan of services submitted for the beneficiary, and insert the date

Individual Work Plan (IWP)

IWP Addendum: Statement of Future Services

Continuing Employment Support Agreed to in IWP or IWP Addendum (Include dates of service):

Initial Services Agreed to in IWP (Include dates of service):

By signing below, the EN confirms that at least 50% of the agreed upon services have been provided to the beneficiary.

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.

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| Beneficiary's Signature | Date |
| EN Representative's Signature | Date |

Part 2: IWP Addendum - Statement of Future Services

Please list the future supports/services that you and the beneficiary agreed upon to help the beneficiary reach and sustain his or her long-term goal. Quarterly contact is a required service. If there are no other agreed upon services, please explain why.

Description of Supports/Services:

By signing below, the EN confirms that at least 50% of the agreed upon services have been provided to the beneficiary.

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.

| | |
|-------------------------------|------|
| Beneficiary's Signature | Date |
| EN Representative's Signature | Date |

Privacy Act Statement Collection and Use of Personal Information

See Revised
Privacy Act
Statement

~~Section 1148, of the Social Security Act, requires us to collect this information. The information is needed to permit the Social Security Administration to monitor the progress of a participant in the Ticket to Work and Self Sufficiency 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 assignment of your Ticket to Work to your selected provider of services.~~

~~We rarely use the information you supply for any purpose other than for monitoring the progress of a participant in the Ticket to Work and Self Sufficiency 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; and~~
- ~~(4) 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 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO: OPERATIONS SUPPORT MANAGER (OSM) TICKET TO WORK, Attn: Ticket Assignment, PO BOX 1433, ALEXANDRIA, VA 22313 OR FAX TO 703-893-4149.** 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.**

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Section 1148 of the Social Security Act authorizes us to collect this information. We will use the information to monitor your progress in the Ticket to Work and Self Sufficiency Program.

Furnishing us this information is voluntary; however, failing to provide all or part of the information will prevent us from assigning your ticket to your selected service provider.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice, 60-0295, entitled Ticket-to-Work and Self-Sufficiency Program Payment Database, and 60-0300, entitled Ticket-to-Work Program Manager (PM) Management Information System. Additional information about this and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

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 or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.