
**Ticket to Work Program
INDIVIDUAL WORK PLAN (IWP)**

Part One: Employment Network and Ticketholder Contact Information

1. Employment Network (EN) Name: _____
DUNS: _____
Address: _____

Telephone: _____
Email: _____
Business Model (Select one Ticketholder service model):
 Traditional Services Consumer Directed Services Employer or Employer Agent
2. Ticketholder's Name: _____
SSN: _____
Address: _____

Telephone: _____
Email: _____
3. Ticketholder's Alternate Contact Name: _____
Relationship to Ticketholder: _____
Address: _____

Telephone: _____
Email: _____

Removed the other 2 Alternate Contact's

Added this Part **Part Two: Documentation of EN-Ticketholder Discussion**

Section 1: Discussion Arrangement

1. Date of Discussion: _____
2. Discussion Modality
- Face to Face
- Telephone
- Other (Explain) _____

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3. Location: _____

4. Duration: _____

5. Name and Position of EN Interviewer: _____

Section 2: Ticketholder's Recent Work History Moved from Part Three

1. Check all that apply

- Currently working
- No earnings in the past 18 months
- Earnings in the month prior to the month Ticket assigned
- Earnings in 3 of the past 6 months
- Earnings in 6 of the past 12 months
- Earnings in 12 of the past 18 months

2. List all work and earnings during the last 18 months (most recent employer first) in the chart below:

Employer	Job Title	Start Date	End Date	Hourly Wage	Weekly Hours

Section 3: Ticketholder's Employment Goals

Moved from Part One

1. Describe short-term goal (next 3-18 months)

2. Describe long-term goal

3. Has the Ticketholder's previous employment provided any experience relative to achievement of the:

- Short-term goal above? [] Yes [] No

If "Yes" please explain: _____

- Long-term goal above? [] Yes [] No

If "Yes" please explain: _____

4. Does the Ticketholder require additional supports and services to achieve the:

- Short-term goal above? [] Yes [] No

If "No" please explain: _____

- Long-term goal above? [] Yes [] No

If "No" please explain: _____

Section 4: EN Supports and Services Moved from Part Two

1. Short-term (Initial Job Acquisition)

Check all blocks that apply and explain how the services contribute to achievement of the Ticketholder's short-term goal.

- Career Planning

- Benefits counseling _____
- Goal setting _____
- Job coaching _____
- Job development _____
- Training (specify) _____

- Other (specify) _____

- Job Placement Assistance

- Job search _____
- Job accommodation _____
- Job placement _____
- Other (specify) _____

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2. Long-term (Ongoing Employment Support)

Check all blocks that apply and explain how the services contribute to achievement of the Ticketholder's long-term goal.

Regular follow-up with Ticketholder (mandatory) _____

Job stabilization and retention _____

Career advancement counseling _____

Other (specify) _____

3. Will the EN directly provide the supports and services above? Yes No

If "No," please complete question 4 below.

4. If known, list the names of the provider(s) to whom you will refer the Ticketholder, along with the services provided.

5. Will the EN coordinate or arrange for medical and/or related health services to the Ticketholder?

Yes No

If "Yes," please explain: _____

Part Three: IWP Terms and Conditions

Moved from Part Four

The following terms and conditions apply to the EN and the Ticketholder identified in Part One above:

1. The EN and the Ticketholder shall inform one another immediately of any changes in the contact information shown in Part One above.

2. The Ticketholder shall report all earnings to the EN and to Social Security.

3. The Ticketholder shall authorize the EN to contact employers on the Ticketholder's behalf, as necessary, to verify or obtain evidence of the Ticketholder's work and earnings.
4. The EN may not request or accept compensation from the Ticketholder for the costs of services and supports provided the Ticketholder under the IWP.
5. The EN shall use only qualified employees and/or providers to provide supports and services to the Ticketholder.
6. The EN shall establish and explain to the Ticketholder a process to resolve any disputes that arise under this IWP, including the process for escalating an unresolved dispute to Social Security.
7. The EN shall inform the Ticketholder of the availability of, and contact information for, free protection and advocacy services under the Protection and Advocacy for Beneficiaries of Social Security program.
8. The EN shall inform the Ticketholder of annual Timely Progress Reviews (TPR) performed by Social Security to assess the Ticketholder's work progress, and explain to the Ticketholder the TPR guidelines.
9. The EN shall keep private and confidential the Ticketholder's personal information, including his or her Social Security Number and disability, and shall maintain all private and confidential information in a secure area.
10. The EN shall provide the Ticketholder with a copy of the completed IWP, as well as any subsequent changes to the IWP, in the Ticketholder's preferred format.
11. Both the Ticketholder and the EN must agree to any change to the IWP. All changes to the IWP must be in writing and supported by evidence of mutual consent.
12. The EN shall provide the Ticketholder with a copy of his or her EN file upon request.
13. Either the Ticketholder or the EN may choose unilaterally to un-assign the Ticket at any time by notifying the other in writing, thereby terminating the Ticketholder-EN relationship established by the IWP.
14. Upon approval of the IWP by both the Ticketholder and the EN, the Ticketholder acknowledges assignment of his or her Ticket to the EN and the EN acknowledges acceptance of that Ticket.
15. Are there any other terms and conditions relating to the implementation and administration of this IWP?

[] Yes [] No

If "Yes," list additional terms and conditions: _____

Moved from beginning to here to accompany signature.

I choose to participate in the Ticket to Work Program with the Employment Network (EN) named below. I understand that my EN will provide me employment support to help me find a job, increase my earnings, and reduce my reliance on cash benefits. I have read and understand the requirements, obligations, terms, and conditions expressed in this IWP. 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.

Ticketholder's Signature: _____ Date: _____

EN Representative's Signature: _____ Date: _____

EN Name:

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 verify the service provider's eligibility for payment.

Furnishing us this information is voluntary; however, failing to provide all or part of the information could prevent the provider from receiving payment.

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.