

TICKET TO WORK

Fill out the information below to register for the Ticket to Work Virtual Job Fair sponsored by the Social Security Administration (SSA):

First Name:

Middle Initial:

Last Name:

Address 1:

City:

State/Province:

Zip Code:

Email Address:

(This will be your Login ID)

Daytime Phone Number:

Create A Password:

 Password is required

By registering for this Ticket to Work Virtual Job Fair, I am confirming that I am one of the following:

- a current Social Security disability beneficiary, and I have assigned my Ticket to an Employment Network or State Vocational Rehabilitation agency.
- a representative of an Employment Network or State Vocational Rehabilitation agency.
- a representative of a WIPA or PABSS.

Name of Employment Network, State Vocational Rehabilitation agency, WIPA or PABSS:

I have signed and submitted the Consent for Release of Information form (SSA-3288) to my service provider (Employment Network or State Vocational Rehabilitation agency).

- Yes
- No

[If you have not signed a consent form, you can print one at www.choosework.net/vjfconsent](http://www.choosework.net/vjfconsent)

[Privacy Act Statement – Please read this statement describing how SSA will collect and use your information in conjunction with the Ticket to Work Virtual Job Fairs. You can learn more about SSA’s privacy practices on our website at www.ssa.gov.](#)

In addition to agreeing to SSA’s policies about the collection and use of my personal information, I understand that by registering and participating in the Virtual Job Fair I am agreeing to the INXPO, the platform provider, Terms of Use and Privacy Policy, which may differ from SSA’s policies. Links to INXPO’s Terms of Use and Privacy Policy are found after the Yes/No response options.

- Yes
- No

[Terms of Use](#)
[Privacy Policy](#)

I will be using screen reader technology to participate in the Virtual Job Fair.

INDIVIDUAL WORK PLAN (IWP)

Statement of Understanding

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 with employment support to find and keep a job, increase my earnings or run my own business. If possible, I plan to increase my earnings to support myself. I understand that I can change this plan with my EN from time to time to meet my current needs

Employment Network Name:

DUNS:

Address:

Telephone:

Email:

My Name:

SSN:

Address:

Telephone:

Email:

Alternate Contact's Name:

Telephone:

Address:

Email:

Alternate Contact's Name:

Telephone:

Address:

Email:

Alternate Contact's Name:

Telephone:

Address:

Email:

Part One: My Vocational Goal and Expected Monthly Earnings

Short Term Vocational Goal (in the next 3-12 months):

Expected Monthly Earnings (in the next 3-12 months):

Long Term Vocational Goal (in the next 3-5 years):

Expected Monthly Earnings (in the next 3-5 years):

Part Two: The Supports and Services the EN Agreed to Provide to Help Me Reach My Vocational Goal

My EN and I have agreed upon the supports/services checked or written below; Below we also explain the steps the two of us agreed to take to help me reach my vocational goal. This includes any referrals my EN agreed to make to help me get services.

- Career counseling and guidance (at a minimum, required during IWP development)

Note: On the last page, EN must certify to providing career counseling.

-
-
- Job search or placement services (required, if not working)

-
-
- Job coaching/training

-
-
- Job accommodation planning

Part Two (con't)

Continuing employment supports (required quarterly, contact by EN to assess needs).

Other (Please explain below)

Part Three: My Recent Work History

Check all that apply

- I am currently working.
- I had no earnings in the last 18 months.
- I had some earnings in the last 18 months.
 - None of my earnings were in the last 6 months.
 - Some of my earnings were in the last 6 months.

If you had earnings in the last 6 to 18 months, please describe those earnings in the following chart. List your latest employer first.

Employer	Start Date	End Date	Wage Per Hour	Hours Worked Per Week

Part Four: Conditions Related to the Success of my IWP

- I will inform my EN of changes in my contact information
- My EN will contact me as needed to share information and determine any unmet needs (at least quarterly).
- I will inform my EN of my earnings.
- While I am working, my EN will offer and provide me with ongoing employment support to help me keep working or refer me to others who can help me keep working.

My EN and I have agreed to the other conditions described below.
(If there are no other conditions, please state "no other conditions").

I understand that I have the following rights under the Ticket to Work Program.
As my EN, _____, you:

- 1) **May not request or accept any compensation from me for the costs of service sand supports provided to me as an EN.**
- 2) May change this IWP, as long as we both agree. Any change to this IWP must be made in writing.
- 3) Will provide or help me to obtain ongoing employment support, as necessary,designed to help me keep my job.
- 4) May unassign my Ticket at any time if either of us are not satisfied for any reason.
- 5) Explained its internal resolution process. If we are unable to resolve a dispute,another process is available to me through the Ticket Call Center at 1-866-968-7842.
- 6) Provided me with the phone number of the State Protection and Advocacy Program where I can receive free services. The phone number is:
- 7) Informed me of the annual progress reviews and the Timely Progress Review guidelines.
- 8) Will keep my personal information, including my Social Security number and information about my disability, private, and confidential.
- 9) Will use only qualified employees and/or providers to provide services to me.
- 10) Will provide me with a copy of this IWP and any changes in an accessible format.

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.

By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

Beneficiary's Signature: _____ Date: _____

EN Representative's Signature: _____ Date: _____

FOR EN COMPLETION

(Record of Career Counseling Provided During IWP Development)

Name of
Counselor:

Date:

Duration:

Name of
Counselor:

Date:

Duration:

Privacy Act Statement Collection and Use of Information

Section 1148 of the Social Security Act authorizes us to collect this information. We will use the information to help Ticket to Work ticket holders participating in the Virtual Job Fairs (VJF) find possible employment opportunities.

Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from participating in the VJFs.

We rarely use the information you provide 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, 60-0300, 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.

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 10 minutes to read the instructions, gather the facts, and answer the questions. 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.

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Counselor:

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Name of
Counselor:

Date:

Duration:

Screenshot of VJF Profile Page

SCmd=AI:1;F:US!100&PreviousLoginCount=58&ForceProfileToBeFilledOut=0&DisplayItem=NULL&ShowKey=23182&ShowF



[Edit Photo](#)

Beneficiary Test



Login Info

Login ID:

Password

Personal Info

Name

Address

Company

City

Job Title

State/Prov

Phone

Country

Email

Postal Code

Language

Auto-Forward Mail

Time Zone


Auto-Forward vCards

Personal Message







Screenshot of VJF Resume Upload Page

TICKET TO WORK Welcome Find Jobs Meet Employers Get Advice Library Help Profile Exit



[Edit Photo](#)

Beneficiary Test



Resumes Add Send

Test	Copy	Delete
Test (2)	Copy	Delete

