

## 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](mailto: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](mailto: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](mailto: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](mailto:ensuitability@ssa.gov)