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Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Social Security Administration

Enclosures:
Timely Progress Review Chart
Privacy Act and Paperwork Reduction Act
Progress Review Form SSA-1375
BRM Envelope ICN-588913

Timely Progress Review Chart

Review Period: You must achieve at least one of the requirements listed for your particular review period before we find that you have made timely progress for that review period. The review period is at least twelve months long, and there is usually one review a year. In the list below, the "Trial Work Level Amount" for 2015 is \$780. The "Substantial Gainful Activity Amount" for 2015 is \$1,090. These amounts can increase slightly each year.

First Review

- 3 months of work at or above the trial work level amount; OR
 - Complete at least 60% of a full-time course load for an academic year in a 2-year or 4-year college or a technical, trade, or vocational training program; OR
 - Complete a combination* of the above work and education requirements; OR
 - Obtain a GED or high school diploma.
-

Second Review

- 6 months of work at or above the trial work level amount; OR
 - Complete at least 75% of a full-time course load for an academic year in a 2-year or 4-year college or a technical, trade, or vocational training program; OR
 - Complete a combination* of the above work and education requirements.
-

Third Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements; OR
 - Complete a 2-year college program and earn a degree or certificate; OR
 - Complete a technical, trade, or vocational training program.
-

Fourth Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements.
-

Fifth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of Social Security Disability Insurance (SSDI) and Federal Supplemental Security Income (SSI) cash benefits; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Sixth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Seventh Review and Any Additional Reviews

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits.

* A "combination" means you can complete part of the work and part of the education requirements. We will count the parts you complete as percentages. Adding the two percentages together must equal 100% or more.

Privacy Act Statement

Collection and Use of Personal Information

Public Law 106-170 and Section 1148 of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine if you have met the progress review requirements for the Ticket to Work program.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent review of your progress. In order to be able to pass the progress review and remain excused from a medical review, you should answer the questions on this form.

We rarely use the information you supply for any purpose other than your progress review requirements under the Ticket to Work program. However, we may use the information for the administration of our programs including sharing information:

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 our records (e.g., to the Government Accountability Office and Department of Veterans 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 and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may share the information you provide with other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs 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.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices entitled Electronic Disability (eDib) Claim File (60-0320); Ticket-to-Work and Self-Sufficiency Program Payment Database (60-0295); and Ticket-to-Work Program Manager (PM) Management Information System (60-0300). Additional information about these and other systems of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. section 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 15 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.

Social Security Administration

Form SSA-1375, OMB approved No. 0960-0644

Progress Review Form, 1st Review

RETURN THIS PAGE to Social Security, Ticket to Work

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

Provider: MARYLAND EMPLOYMENT NETWORK

Date: July 31, 2015

Your Review Period: From December 10, 2014 through December 10, 2014

INSTRUCTIONS: Please inform us of your progress for your review period shown above by completing the items below on all remaining pages of this form SSA-1375. Check "Yes" or "No" for each item and where you check "Yes" provide any requested information on progress with work and earnings, education, or technical training. Then sign, date, and return all pages of this form SSA-1375 to Ticket to Work using the enclosed postage-paid envelope or by fax at 1-703-893-4020. **It is important that you respond within 30 days of the date on this form.** You may keep a copy of this form for your records.

1. I worked at least three months of the review period with gross earnings at or above \$693.00 * in each of these months.

_____ Yes _____ No

2. I completed a two or four year college program during the review period and earned a degree or certificate.

_____ Yes _____ No

School Name: _____

Month and Year of Completion: _____

3. I did not complete a two or four year college program, but I completed some credits in a two or four year college program during the review period.

_____ Yes _____ No

Number of credits completed _____
and number of credits needed to complete program _____

School Name: _____

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4. I completed a technical, trade, or vocational program during the review period.

Yes No

School Name: _____

Type of Program Completed: _____

Month and Year of Completion: _____

5. I did not complete a technical, trade or vocational program, but I completed some credits/ hours/ courses in a technical, trade, or vocational program during the review period.

Yes No

Number of credits/ hours/ courses completed _____
and number of credits/ hours/ courses needed to complete program _____

School Name: _____

Type of Program: _____

6. I completed a combination of earnings PLUS two or four year college credits or in a technical, trade or vocational program during the review period.

Yes No

I worked _____ months with gross earnings at or above \$693.00 * in each of these months.

I completed _____ credits/ hours/ courses in a two or four year college program or in a technical, trade or vocational program and the number of credits/ hours/ courses needed to complete program _____.

School Name: _____

7. I obtained a GED or high school diploma during the review period.

Yes No

Name of School or Agency Providing GED: _____

Month and Year of Completion: _____

*Amount represents 90 percent of the Trial Work Level amount. This amount can increase slightly each year.

Sign and date this form and mail or fax back to us.

I understand that if I make, or cause to be made, a representation concerning the requirements of the Ticket to Work and Self-Sufficiency Program which I know is false, I could be punished by fine, or imprisonment, or both.

Signature

Date

Return this form SSA-1375 to Ticket to Work within 30 days using the enclosed postage-paid envelope or by fax at 1-703-893-4020. Our return address is:

Ticket to Work
Social Security Administration
P.O. Box 1433
Alexandria, VA 22313

Form SSA-1375, Progress Review Form, 1st Review
Beneficiary: JANE DOE
Social Security Number: 123-45-6789 TW01
RETURN THIS PAGE to Social Security, Ticket to Work

Social Security Administration

Important Information

Ticket to Work
P.O. Box 1433
Alexandria, VA 22313
Date: July 28, 2015



SAMPLE NOTICE
6401 SECURITY BLVD
BALTIMORE MD 21235-0001

We are writing to you because it is time for your 2nd Timely Progress Review under the Ticket to Work program. Our records show that you are receiving employment support from MARYLAND EMPLOYMENT NETWORK. We must decide if you are making the required progress toward your vocational goals. To do this, we look at whether you are completing educational requirements, and getting and keeping a job.

What You Need To Do

Please complete the enclosed Progress Review Form SSA-1375 to tell us about your progress from December 10, 2014 through December 31, 2014. Please see the enclosed Timely Progress Review Chart for the requirements for the 2nd progress review. You must return the form within 30 days from the date of this letter. Your reply is important. You may use the enclosed postage-paid envelope or fax the form to 1-703-893-4020. Our return address is the first address at the top of this notice.

We will review your answers to see if you have met the progress requirements for the 2nd progress review. We will not send you another letter if you have made the required progress. We will send you another letter if we find that you are not making timely progress. If you are not making the required progress, we will no longer excuse you from scheduled medical reviews on your disability case.

We encourage you to continue working with MARYLAND EMPLOYMENT NETWORK toward your vocational goals.

If You Have Questions

We are here to help you. If you have any questions about your progress review or the Ticket to Work program, call the Ticket Help Line, toll-free, at 1-866-968-7842 (TTY 1-866-833-2967). Or, you can visit our website, <http://www.socialsecurity.gov/work>. You also may fax us at 703-893-4020, or write to us at the address at the beginning of this notice.

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First Review

- 3 months of work at or above the trial work level amount; OR
 - Complete at least 60% of a full-time course load for an academic year in a 2-year or 4-year college or a technical, trade, or vocational training program; OR
 - Complete a combination* of the above work and education requirements; OR
 - Obtain a GED or high school diploma.
-

Second Review

- 6 months of work at or above the trial work level amount; OR
 - Complete at least 75% of a full-time course load for an academic year in a 2-year or 4-year college or a technical, trade, or vocational training program; OR
 - Complete a combination* of the above work and education requirements.
-

Third Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements; OR
 - Complete a 2-year college program and earn a degree or certificate; OR
 - Complete a technical, trade, or vocational training program.
-

Fourth Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements.
-

Fifth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of Social Security Disability Insurance (SSDI) and Federal Supplemental Security Income (SSI) cash benefits; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Sixth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Seventh Review and Any Additional Reviews

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits.

* A "combination" means you can complete part of the work and part of the education requirements. We will count the parts you complete as percentages. Adding the two percentages together must equal 100% or more.

Privacy Act Statement

Collection and Use of Personal Information

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Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent review of your progress. In order to be able to pass the progress review and remain excused from a medical review, you should answer the questions on this form.

We rarely use the information you supply for any purpose other than your progress review requirements under the Ticket to Work program. However, we may use the information for the administration of our programs including sharing information:

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 our records (e.g., to the Government Accountability Office and Department of Veterans 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 and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may share the information you provide with other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs 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.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices entitled Electronic Disability (eDib) Claim File (60-0320); Ticket-to-Work and Self-Sufficiency Program Payment Database (60-0295); and Ticket-to-Work Program Manager (PM) Management Information System (60-0300). Additional information about these and other systems of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

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Social Security Administration

Form SSA-1375, OMB approved No. 0960-0644

Progress Review Form, 2nd Review

RETURN THIS PAGE to Social Security, Ticket to Work

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

Provider: MARYLAND EMPLOYMENT NETWORK

Date: July 31, 2015

Your Review Period: From December 10, 2014 through December 10, 2014

INSTRUCTIONS: Please inform us of your progress for your review period shown above by completing the items below on all remaining pages of this form SSA-1375. Check "Yes" or "No" for each item and where you check "Yes" provide any requested information on progress with work and earnings, education, or technical training. Then sign, date, and return all pages of this form SSA-1375 to Ticket to Work using the enclosed postage-paid envelope or by fax at 1-703-893-4020. **It is important that you respond within 30 days of the date on this form.** You may keep a copy of this form for your records.

1. I worked at least three months of the review period with gross earnings at or above \$693.00 * in each of these months.

Yes No

2. I completed a two or four year college program during the review period and earned a degree or certificate.

Yes No

School Name: _____

Month and Year of Completion: _____

3. I did not complete a two or four year college program, but I completed some credits in a two or four year college program during the review period.

Yes No

Number of credits completed _____
and number of credits needed to complete program _____

School Name: _____

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4. I completed a technical, trade, or vocational program during the review period.

_____ Yes _____ No

School Name: _____

Type of Program Completed: _____

Month and Year of Completion: _____

5. I did not complete a technical, trade or vocational program, but I completed some credits/ hours/ courses in a technical, trade, or vocational program during the review period.

_____ Yes _____ No

Number of credits/ hours/ courses completed _____
and number of credits/ hours/ courses needed to complete program _____

School Name: _____

Type of Program: _____

6. I completed a combination of earnings PLUS two or four year college credits or in a technical, trade or vocational program during the review period.

_____ Yes _____ No

I worked _____ months with gross earnings at or above \$693.00 * in each of these months.

I completed _____ credits/ hours/ courses in a two or four year college program or in a technical, trade or vocational program and the number of credits/ hours/ courses needed to complete program _____.

School Name: _____

*Amount represents 90 percent of the Trial Work Level amount. This amount can increase slightly each year.

Sign and date this form and mail or fax back to us.

I understand that if I make, or cause to be made, a representation concerning the requirements of the Ticket to Work and Self-Sufficiency Program which I know is false, I could be punished by fine, or imprisonment, or both.

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Form SSA-1375, Progress Review Form, 2nd Review
Beneficiary: JANE DOE
Social Security Number: 123-45-6789 TW01
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Social Security Administration

Important Information

Ticket to Work
P.O. Box 1433
Alexandria, VA 22313
Date: July 28, 2015



SAMPLE NOTICE
6401 SECURITY BLVD
BALTIMORE MD 21235-0001

We are writing to you because it is time for your 3rd Timely Progress Review under the Ticket to Work program. Our records show that you are receiving employment support from MARYLAND EMPLOYMENT NETWORK. We must decide if you are making the required progress toward your vocational goals. To do this, we look at whether you are completing educational requirements, and getting and keeping a job.

What You Need To Do

Please complete the enclosed Progress Review Form SSA-1375 to tell us about your progress from December 10, 2014 through December 31, 2014. Please see the enclosed Timely Progress Review Chart for the requirements for the 3rd progress review. You must return the form within 30 days from the date of this letter. Your reply is important. You may use the enclosed postage-paid envelope or fax the form to 1-703-893-4020. Our return address is the first address at the top of this notice.

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We encourage you to continue working with MARYLAND EMPLOYMENT NETWORK toward your vocational goals.

If You Have Questions

We are here to help you. If you have any questions about your progress review or the Ticket to Work program, call the Ticket Help Line, toll-free, at 1-866-968-7842 (TTY 1-866-833-2967). Or, you can visit our website, <http://www.socialsecurity.gov/work>. You also may fax us at 703-893-4020, or write to us at the address at the beginning of this notice.

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- 6 months of work at or above the trial work level amount; OR
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-

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2. 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);
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 and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may share the information you provide with other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs 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.

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Progress Review Form, 3rd Review

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Provider: MARYLAND EMPLOYMENT NETWORK

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1. I worked at least three months of the review period with gross earnings at or above \$693.00 * in each of these months.

Yes No

2. I completed a two or four year college program during the review period and earned a degree or certificate.

Yes No

School Name: _____

Month and Year of Completion: _____

3. I did not complete a two or four year college program, but I completed some credits in a two or four year college program during the review period.

Yes No

Number of credits completed _____
and number of credits needed to complete program _____

School Name: _____

0504208AB000034*NOTAFP-X3.PE208ORS.TOP.R15TEST.PAM 000000000 0026010635600612017621235000101

3. I completed a combination of earnings PLUS two or four year college credits or in a technical, trade or vocational program during the review period.

_____ Yes _____ No

I worked _____ months with gross earnings at or above \$693.00 * in each of these months.

I completed _____ credits/ hours/ courses in a two or four year college program or in a technical, trade or vocational program and the number of credits/ hours/ courses needed to complete program _____.

School Name: _____

4. I completed a technical, trade, or vocational program during the review period.

_____ Yes _____ No

School Name: _____

Type of Program Completed: _____

Month and Year of Completion: _____

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Form SSA-1375, Progress Review Form, 3rd Review

Beneficiary: JANE DOE

Social Security Number: 123-45-6789

TW01

RETURN THIS PAGE to Social Security, Ticket to Work



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Social Security Administration

Enclosures:
Timely Progress Review Chart
Privacy Act and Paperwork Reduction Act
Progress Review Form SSA-1375
BRM Envelope ICN-588913

Timely Progress Review Chart

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First Review

- 3 months of work at or above the trial work level amount; OR
 - Complete at least 60% of a full-time course load for an academic year in a 2-year or 4-year college or a technical, trade, or vocational training program; OR
 - Complete a combination* of the above work and education requirements; OR
 - Obtain a GED or high school diploma.
-

Second Review

- 6 months of work at or above the trial work level amount; OR
 - Complete at least 75% of a full-time course load for an academic year in a 2-year or 4-year college or a technical, trade, or vocational training program; OR
 - Complete a combination* of the above work and education requirements.
-

Third Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements; OR
 - Complete a 2-year college program and earn a degree or certificate; OR
 - Complete a technical, trade, or vocational training program.
-

Fourth Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements.
-

Fifth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of Social Security Disability Insurance (SSDI) and Federal Supplemental Security Income (SSI) cash benefits; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Sixth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Seventh Review and Any Additional Reviews

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits.

* A "combination" means you can complete part of the work and part of the education requirements. We will count the parts you complete as percentages. Adding the two percentages together must equal 100% or more.

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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 our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
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Social Security Administration

Form SSA-1375, OMB approved No. 0960-0644

Progress Review Form, 4th Review

RETURN THIS PAGE to Social Security, Ticket to Work

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

Provider: MARYLAND EMPLOYMENT NETWORK

Date: July 31, 2015

Your Review Period: From December 10, 2014 through December 10, 2014

INSTRUCTIONS: Please inform us of your progress for your review period shown above by completing the items below on all remaining pages of this form SSA-1375. Check "Yes" or "No" for each item and where you check "Yes" provide any requested information on progress with work and earnings, education, or technical training. Then sign, date, and return all pages of this form SSA-1375 to Ticket to Work using the enclosed postage-paid envelope or by fax at 1-703-893-4020. **It is important that you respond within 30 days of the date on this form.** You may keep a copy of this form for your records.

1. I worked at least nine months of the review period with gross earnings at or above \$963.00 * in each of these months.

Yes No

2. I completed a four year college program during the review period and earned a degree or certificate.

Yes No

School Name: _____

Month and Year of Completion: _____

3. I did not complete a four year college program, but I completed some credits in a four year college program during the review period.

Yes No

Number of credits completed _____
and number of credits needed to complete program _____

School Name: _____

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4. I completed a combination of earnings PLUS four year college credits during the review period.

_____ Yes _____ No

I worked _____ months with gross earnings at or above \$963.00 * in each of these months.

I completed _____ credits/ hours/ courses in a four year college program and the number of credits/ hours/ courses needed to complete program _____.

School Name: _____

*Amount represents 90 percent of the Substantial Gainful Activity amount. This amount can increase slightly each year.

Sign and date this form and mail or fax back to us.

I understand that if I make, or cause to be made, a representation concerning the requirements of the Ticket to Work and Self-Sufficiency Program which I know is false, I could be punished by fine, or imprisonment, or both.

Signature

Date

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Ticket to Work
Social Security Administration
P.O. Box 1433
Alexandria, VA 22313

Form SSA-1375, Progress Review Form, 4th Review

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

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 - Complete a combination* of the above work and education requirements; OR
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-

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- 9 months of work at or above the substantial gainful activity amount; OR
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Fourth Review

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Sixth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits; OR
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Seventh Review and Any Additional Reviews

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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 and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may share the information you provide with other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs 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.

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Social Security Administration

Form SSA-1375, OMB approved No. 0960-0644

Progress Review Form, 5th Review

RETURN THIS PAGE to Social Security, Ticket to Work

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

Provider: MARYLAND EMPLOYMENT NETWORK

Date: July 31, 2015

Your Review Period: From December 10, 2014 through December 10, 2014

INSTRUCTIONS: Please inform us of your progress for your review period shown above by completing the items below on all remaining pages of this form SSA-1375. Check "Yes" or "No" for each item and where you check "Yes" provide any requested information on progress with work and earnings, education, or technical training. Then sign, date, and return all pages of this form SSA-1375 to Ticket to Work using the enclosed postage-paid envelope or by fax at 1-703-893-4020. **It is important that you respond within 30 days of the date on this form.** You may keep a copy of this form for your records.

1. I worked at least six months of the review period with gross earnings at or above \$1070.00 * in each of these months, and for these same months did not receive payment of cash benefits from Social Security Disability Insurance (SSDI) and Federal Supplemental Security Income (SSI).

Yes No

2. I completed a four year college program during the review period and earned a degree or certificate.

Yes No

School Name: _____

Month and Year of Completion: _____

3. I did not complete a four year college program, but I completed some credits in a four year college program during the review period.

Yes No

Number of credits completed _____
and number of credits needed to complete program _____

School Name: _____

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4. I completed a combination of earnings PLUS four year college credits during the review period.

_____ Yes _____ No

I worked _____ months with gross earnings at or above \$1070.00 * in each of these months.

I completed _____ credits/ hours/ courses in a four year college program and the number of credits/ hours/ courses needed to complete program _____.

School Name: _____

*Amount represents the full Substantial Gainful Activity amount. This amount can increase slightly each year.

Sign and date this form and mail or fax back to us.

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Signature

Date

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Social Security Administration
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Form SSA-1375, Progress Review Form, 5th Review

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

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- 3 months of work at or above the trial work level amount; OR
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-

Second Review

- 6 months of work at or above the trial work level amount; OR
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-

Third Review

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-

Fourth Review

- 9 months of work at or above the substantial gainful activity amount; OR
 - Complete a full-time academic year of study at a 4-year college; OR
 - Complete a combination* of the above work and education requirements.
-

Fifth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of Social Security Disability Insurance (SSDI) and Federal Supplemental Security Income (SSI) cash benefits; OR
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-

Sixth Review

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits; OR
 - Complete a 4-year college program and earn a degree or certificate.
-

Seventh Review and Any Additional Reviews

- 6 months of work and have earnings in each of those 6 months that prevent payment of SSDI and Federal SSI cash benefits.

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Form SSA-1375, OMB approved No. 0960-0644

Progress Review Form, 6th Review

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Social Security Number: 123-45-6789 TW01

Provider: MARYLAND EMPLOYMENT NETWORK

Date: July 31, 2015

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Yes No

2. I completed a four year college program during the review period and earned a degree or certificate.

Yes No

School Name: _____

Month and Year of Completion: _____

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Form SSA-1375, Progress Review Form, 6th Review
Beneficiary: JANE DOE
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Fourth Review

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A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices entitled Electronic Disability (eDib) Claim File (60-0320); Ticket-to-Work and Self-Sufficiency Program Payment Database (60-0295); and Ticket-to-Work Program Manager (PM) Management Information System (60-0300). Additional information about these and other systems of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U.S.C. section 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 15 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.

Social Security Administration

Form SSA-1375, OMB approved No. 0960-0644

Progress Review Form, 7th Review

RETURN THIS PAGE to Social Security, Ticket to Work

Beneficiary: JANE DOE

Social Security Number: 123-45-6789 TW01

Provider: MARYLAND EMPLOYMENT NETWORK

Date: July 31, 2015

Your Review Period: From December 10, 2014 through December 10, 2014

INSTRUCTIONS: Please inform us of your progress for your review period shown above by completing the items below on all remaining pages of this form SSA-1375. Check "Yes" or "No" for each item and where you check "Yes" provide any requested information on progress with work and earnings, education, or technical training. Then sign, date, and return all pages of this form SSA-1375 to Ticket to Work using the enclosed postage-paid envelope or by fax at 1-703-893-4020. **It is important that you respond within 30 days of the date on this form.** You may keep a copy of this form for your records.

1. I worked at least six months of the review period with gross earnings at or above \$1070.00 * in each of these months, and for these same months did not receive payment of cash benefits from Social Security Disability Insurance (SSDI) and Federal Supplemental Security Income (SSI).

_____ Yes _____ No

*Amount represents the full Substantial Gainful Activity amount. This amount can increase slightly each year.

Sign and date this form and mail or fax back to us.

I understand that if I make, or cause to be made, a representation concerning the requirements of the Ticket to Work and Self-Sufficiency Program which I know is false, I could be punished by fine, or imprisonment, or both.

Signature

Date

Return this form SSA-1375 to Ticket to Work within 30 days using the enclosed postage-paid envelope or by fax at 1-703-893-4020. Our return address is:

Ticket to Work
Social Security Administration

0404208AB000038*NOTAFP-X3.PE208ORS.TOP.R15TEST.PAM 000000000 0026010635600612018021235000101

P.O. Box 1433
Alexandria, VA 22313

Form SSA-1375, Progress Review Form, 7th Review
Beneficiary: JANE DOE
Social Security Number: 123-45-6789 TW01
RETURN THIS PAGE to Social Security, Ticket to Work