
Employment Network Payment Request Form

This form may be used to request Evidentiary Payment Requests (EPRs) or Certification Payment Requests (CPRs)

To Ensure Prompt and Accurate Payment to Your Employment Network, Please Complete the Following Form and Attach Any Acceptable Earnings Information Required

I. Employment Network Information

EN Organization Name:

DUNS Number:

Is the financial institution and bank account information provided to SAM.GOV current?

Yes No (if No, please contact SAM @ **1-866-606-8220** before submitting this request)

Incorrect or Outdated Information May Delay or Prevent Payment Issuance to Your Employment Network

II. Ticketholder Information

Ticketholder's Name:

Ticket Number/Social Security Number:

Name of Ticketholder's Employer:

Employer's Address (if available):

Payment method for this Ticket Assignment:

Outcome Payment Method Milestone-Outcome Payment Method

III. Phase 1 Milestone 1 Earnings Information

Select one option only if requesting a Phase I Milestone 1 payment.

- The beneficiary achieved Trial Work Level (TWL) earnings during the calendar claim month.
- The beneficiary achieved less than TWL, but expects to achieve TWL earnings within the next 2 months.
- The beneficiary achieved less than TWL earnings and is not expected to achieve TWL earnings within the next 2 months.

IV. Payment Request Details

Payment Request Type

- A. Evidentiary Payment Request - *(Complete Section IV)*
- B. Certification Payment Request - *(Complete Sections V and VI)*

Claim month(s) and year(s) for this payment request:

V. EN Services Details

- If requesting Phase 1 Milestone 1 , describe in detail the services provided since the Ticket assignment date.
- If requesting Phase 1 Milestone 2 or 3, describe in detail the services provided since the last milestone payment month.

| Milestone Payment | Date of Service | Description of Services |
|-------------------|-----------------|-------------------------|
| P1M-1 | | |
| P1M-2 | | |
| P1M-3 | | |

VI. Evidentiary Earnings Information

Type of earnings documentation submitted: (these items must be included with this form)

- Pay Slips
- Employer prepared and signed employee earnings statement
- The Work Number <http://www.theworknumber.com/>
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VII. Certification Payment Request Details

Type of Certification Information (Choose one):

- Recent contact with beneficiary
- Recent contact with employer
- Attached Earnings Inquiry Request (EIR) response received from the Ticket Program Manager (TPM)
- Attached information containing data from the National Directory of New Hires (NDNH) or Unemployment Compensation Insurance Record
- Attached Self Employment Income (SEI) Form (if beneficiary is self-employed)

Recent Contact Details (complete only if you selected "recent contact with beneficiary):

Type of contact (phone call, email, etc):

Date of Contact:

Descriptions of information you learned from contact regarding level of earnings:

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.

VIII. Repayment Agreement (signature required):

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.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

IX. Contact Information for the Employment Network Representative Submitting this Request

PRINT NAME:

PHONE NUMBER:

FAX:

EMAIL:

Privacy Act Statement Collection and Use of Personal Information

Section 1148, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to permit the Social Security Administration (SSA) 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: TICKET PROGRAM MANAGER (TPM) 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.*