

2021 Annual Performance Outcome Report Questions

Below are the questions included on the Annual Performance Outcome Report (APOR) for the January 1, 2021 – December 31, 2021 reporting period. You must complete the APOR in one sitting. Reviewing the questions prior to beginning the questionnaire will allow you to research and prepare your answers as needed. If you have questions about the APOR, email SSAENAPOR@yourtickettowork.ssa.gov. Please note, this document IS NOT the APOR questionnaire that you must return to the Social Security Administration's Ticket Program Manager for the Ticket to Work Program. Your EN's Program Contact will receive the link to complete the APOR via email on January 31, 2022.

Note: The 2022 APOR only collects data for ENs active as of January 1, 2021. You must complete an APOR for each DUNS your EN had an approved business model for as of January 1, 2021. Your EN is not required to complete a separate APOR for any business models acquired in 2021.

General Questions

1. Please provide your Employment Network (EN) Data Universal Numbering System (DUNS) number. (The DUNS number is a 9-digit number assigned by Dun & Bradstreet Information Services. Every EN obtained a DUNS number prior to award of the EN Ticket Program Agreement (TPA.)
 - DUNS - _____
2. Please provide the following information concerning the individual completing the APOR for your EN:
 - Name:
 - Title:
 - Email Address:
 - Direct Contact Number:
3. What is your Social Security approved Ticket to Work Business Model?
 - Traditional EN (EN that provides employment services and other support services directly to the Ticketholder)
 - Consumer Directed Services EN (EN that reimburses the Ticketholder for employment-related services purchased by the Ticketholder)
 - Employer EN (EN that primarily employs Ticketholders for which it has assigned Tickets)

- Administrative EN (EN that serves as the EN of record for a network of service providers who combine their resources to provide services to Ticketholders)

Note: Provide the business model that is included in your approved Ticket Program Agreement (TPA). Do not select your EN's secondary business model if applicable.

4. How many Tickets were assigned to your EN as of December 31, 2021?

- _____

5. If your EN operates as an Administrative EN, how many EN Affiliates do you contract with to provide services under this EN?

- _____

6. Is your EN an approved State Vocational Rehabilitation Agency vendor?

- Yes
- No

7. How many office locations does your EN currently have?

- _____

8. Does your EN conduct business out of a home office(s)?

- Yes
- No

9. If you responded "yes" to the previous question, has Social Security approved the home office location(s)?

- Yes
- No

10. How do you prefer to list the way your EN provides services to Ticketholders in the "Find Help" tool on www.choosework.ssa.gov?

- Virtual
- In-person
- Both

11. Do you have a written Partnership Plus agreement with your local State Vocational Rehabilitation Agency?

- Yes
- No

12. If you answered “yes” to the question above, during the lifetime of the agreement how many assignments are or have been a direct result of the agreement?

- Number of assignments _____

13. Is your System for Award Management (SAM) registration current?

- Yes
- No

14. Do you use autodialing/robocalling to contact Ticketholders?

- Yes
- No

15. Is your EN owned by (or, if there are multiple owners, is the person who owns the largest percentage of your EN)?

Check all of the applicable ownership type(s) for your EN below.

_____ a woman

_____ a racial minority

_____ a Veteran

_____ a person with a disability as defined by the Americans with Disabilities Act
(For the definition, please see <https://www.ada.gov/cguide.htm#anchor62335>.)

_____ Eligible for the Small Business Administration’s HUBZone program (To verify the qualifications for the HUBZone program, please visit [HUBZone program \(sba.gov\)](https://www.sba.gov/hubzone).)

_____ unknown

16. Is your Signatory Authority:

Check all that apply

_____ a woman

_____ a racial minority

_____ a Veteran

_____ a person with a disability as defined by the Americans with Disabilities Act
(For the definition, please see <https://www.ada.gov/cguide.htm#anchor62335>.)

_____ unknown

17. Is your Program Coordinator:

Check all that apply

a woman

a racial minority

a Veteran

a person with a disability as defined by the Americans with Disabilities Act

(For the definition, please see <https://www.ada.gov/cguide.htm#anchor62335>.)

unknown

Staffing Questions

18. Do you have an SSA approved Certified Benefits Counselor on staff?

Note: Social Security considers Certified Benefits Counselors as any EN employee or subcontractor who has gone through, passed, and has an active Community Partner Work Incentives Coordinator certification (CPWIC) from Virginia Commonwealth University (VCU), Benefits Work Incentives Practitioner certification (BWIP) from Cornell University or Benefits Information Network (BIN) Training through Indiana University.

- a. Yes
- b. No

19. If you answered “Yes” to the question above, what are the names of the staff at your organization that are an SSA approved Certified Benefits Counselor?

For “Position,” please list the individual’s title as listed in your TPA, for example: Signatory Authority, Program Contact, Ticketholder Contact, Payments Contact, etc.

For Training “Type,” please specify where the training was received (e.g., VCU, Cornell University or Indiana University).

- a. Individual 1 Name
- b. Individual 1 Position
- c. Individual 1 Training Type

- d. Individual 2 Name

- e. Individual 2 Position
- f. Individual 2 Training Type

- g. Individual 3 Name
- h. Individual 3 Position
- i. Individual 3 Training Type

- j. Individual 4 Name
- k. Individual 4 Position
- l. Individual 4 Training Type

- m. Individual 5 Name
- n. Individual 5 Position
- o. Individual 5 Training Type

20. If your organization has more than five SSA approved Certified Benefits Counselors, please upload an Excel document with their Names in Column A, Positions in Column B, and Training Type in Column C.

- a. Option to upload file

21. Please upload all SSA approved Certified Benefits Counselor certifications as either a single PDF or a single zip file.

Note: We will use Certificates to verify Certified Benefits Counselor status and populate the “Benefits Counselor Badge” shown in the Find Help Tool.

- a. Option to upload file

22. Have you obtained suitability clearances for all employees working under the TPA who access or handle Personally Identifiable Information (PII), including volunteers and interns?

- a. Yes
- b. No

23. Have you notified SSA of any employees who previously received a suitability clearance who are no longer working under the TPA?

- a. Yes

- b. No

EN Service-Related Questions

24. How many years of experience does your EN have serving Youth in Transition clients?

- 0
- Less than 1
- 1-2
- 2-3
- 3+

25. How many years of experience does your EN have serving Veterans?

- 0
- Less than 1
- 1-2
- 2-3
- 3+

26. How many years of experience does your EN have serving clients with physical impairments?

- 0
- Less than 1
- 1-2
- 2-3
- 3+

27. How many years of experience does your EN have serving clients with hearing impairments?

- 0
- Less than 1
- 1-2
- 2-3
- 3+

28. How many years of experience does your EN have serving clients with visual impairments?

- 0
- Less than 1
- 1-2
- 2-3
- 3+

a.

29. How many years of experience does your EN have serving clients with cognitive impairments? Some examples include traumatic brain injury (TBI), autism, intellectual disabilities, and learning disabilities such as dyslexia and attention deficit disorder (ADD).

- 0
- Less than 1
- 1-2
- 2-3
- 3+

30. How many years of experience does your EN have serving with psychiatric disorders or mental behavioral impairments? Some examples include anxiety, bipolar disorder, depression, and schizophrenia.

- 0
- Less than 1
- 1-2
- 2-3
- 3+

31. How many years of experience does your EN have serving clients pursuing self-employment?

- 0
- Less than 1
- 1-2
- 2-3
- 3+

32. Does your EN explain Timely Progress Review (TPR) expectations to your Ticket clients?
- a. Yes
 - b. No
33. Does your EN offer a special language service (including Braille, American Sign Language, materials and services in languages other than English)?
- a. Yes
 - b. No
34. If you answered "Yes" to the question above, what specifically, does your EN offer?
- a. Braille
 - b. American Sign Language
 - c. Materials and services in languages other than English (please specify)

35. What services does your EN or provider affiliates offer to your Ticketholders?
Check all that apply:
- Career planning/counseling
 - Job accommodations
 - Job coaching/training/development
 - Job search/job placement
 - Ongoing employment support/job retention
 - Resume writing
 - Transportation
 - Training
 - Wage reporting
 - Other (please specify) _____