

Attachment A1e: Ticket Act Provider Survey of ENs/State VR  
Agencies: Reminder Email (Week 6)

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To: [FILL organizational contact email address]  
Subject: EN/VR provider: your response is needed

OMB Control #: XXXX-XXXX;  
Expiration Date: 06/30/20xx



Dear Ticket Act Service Provider:

I am writing to follow up on an invitation to take part in the Ticket Act Provider Survey of Employment Networks (ENs) and State Vocational Rehabilitation Agencies. We have not yet heard from your organization and want to ensure we have reached the right person to respond on behalf of your organization. We will follow up by phone in the week ahead to answer any questions you may have. More information on the survey, including your personalized link, is below.

**About the survey:** This national survey is part of an evaluation the Social Security Administration (SSA) is conducting about Ticket to Work and Work Incentives Improvement Act programs. SSA hired Mathematica, an independent research firm, to conduct the evaluation and to carry out this survey. The survey has questions about your organization overall and your approach to intake and service provision. By taking part in the survey, you will help SSA better understand the extent to which Ticket Act services are meeting Supplemental Security Income and Social Security Disability Insurance beneficiaries' needs, features of Ticket Act programs that work well, and areas for improvement.

**To complete the survey:**

**Go to:** [FILL personalized URL]      **or**      **Scan this QR Code:**

**The survey is ending soon. Please complete it by [FILL END DATE].**

**Taking part is voluntary.** The survey takes about 38 minutes to complete, on average. Mathematica will send you \$40 for completing it. You may skip any questions you do not want to answer. To protect your privacy, Mathematica will not share your answers in any way that reveals who you are unless required to do so by Federal laws, regulations, and directives.

**ENs that are no longer in operation:** ENs are eligible for this survey if they were active at any time in the past year. If your EN was not active for the whole year, please consider only the period that your EN was active when responding to the survey.

**Have questions or need help?** If you have questions, or if someone else at your organization should complete the survey, please call me at XXX-XXX-XXX.

Sincerely,

Holly Matulewicz  
Survey Director at Mathematica

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*Please note that this email mailbox is not a secure means of communication with us. It is possible that information you include in an email can be intercepted by others outside of our organization and used by those third parties for purposes you did not intend. For this reason, if you choose to communicate via email, please limit personal information about yourself and include only the minimal information that is necessary to convey your question. Please do not send any personal information such as full name, date of birth, or Social Security number via email.*

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