

Attachment A2f: Ticket Act Provider Survey for WIPA Projects:
Reminder Email (Week 7.5)

To: [FILL organizational contact email address]
Subject: WIPA project: SSA Ticket Act Survey ending soon

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 for Work Incentives Planning and Assistance (WIPA) Projects.

Please consider taking part in this national survey, sponsored by the Social Security Administration (SSA). It is part of an [evaluation](#) SSA is conducting about Ticket to Work and Work Incentives Improvement Act programs. SSA hired Mathematica, an independent research firm, to carry out the evaluation and to field this survey.

To complete the survey:

Go to: [FILL personalized URL]

or

Scan this QR Code:

Please complete the survey before it ends on [FILL END DATE].

Taking part in this survey is voluntary. You will be responding on behalf of your WIPA project. The survey takes about 38 minutes to complete, on average, and Mathematica will send you \$40 for completing it. The survey has questions about your WIPA project overall and your approach to intake and service provision. By taking part, 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 the Ticket Act programs that work well, and areas for improvement. 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.

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

Sincerely,

Holly Matulewicz
Survey Director at Mathematica

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.

Privacy Notice: *Confirmit (Forsta) is a nongovernment application that may have different privacy policies from those of the SSA. This application is not under SSA's control and may not follow SSA's privacy, security, or accessibility policies located on their official website at <https://www.ssa.gov/privacy>. Once you access this application, you are subject to Confirmit's (Forsta) policies. As such, by using this application, you may be providing non-government third parties access to your personally identifiable information (PII). Mathematica is taking precautions to protect your privacy and PII, such as by using secure equipment and limiting access to your information. To minimize any risk of access by unauthorized third parties, we recommend that you use a reliable, secured, and private internet connection and complete the survey in a private location. General information about SSA programs may be found at <http://www.ssa.gov/>.*