

Attachment A2g: Survey Instrument for the Ticket Act Provider
Survey for WIPA Projects



**Ticket to Work (TTW) Evaluation:
Ticket Act Provider Survey for Work Incentives Planning and Assistance (WIPA) Projects**

Draft Dated: 08.06.25

Survey Goal: The purpose of the WIPA Provider Survey is to collect data from organizations delivering WIPA services to gain insights about their experiences implementing the program, the extent to which it meets beneficiaries' needs, and features that work well and areas for improvement. The survey will fill information gaps with program information beyond what is available in administrative records.

Survey sections:

Section	Descriptor
A	Consent and organization characteristics
B	Beneficiary intake
C	Providing services to beneficiaries
D	Influence of services on beneficiaries
E	Closing

Operational assumptions:

- **Mode and language of administration.** The survey will be single mode, web only, designed in a self-administered format. The survey is designed for administration in English only.
- **Survey population and target respondent.** This survey focuses on WIPA organizations at an organizational level. The survey will be sent to a single point of contact at each organization, the WIPA Project Director. There will be no sampling – we will invite all WIPA providers in the United States to take part.
- **Duration.** It takes 33 minutes, on average, to complete this questionnaire, inclusive of time spent looking up information or consulting with other staff at the organization.
- **Programming.** The instrument will be programmed and fielded using Confirmit. In these specifications, each item is accompanied by the documentation such as the source of the item, the “universe” or who the item is asked of, and programming guidance related to text fills and other logic. All respondents route to the next item shown unless otherwise specified in the skip logic. Respondents will be able to break off (i.e., end survey without completing it) and re-enter using their personalized link. The survey will resume where they left off.
- **Voluntary participation.** The survey is voluntary. After providing consent, none of the items are required; respondents may skip any item they do not wish to answer. Items deemed critical to the analysis have soft checks (prompts if item is left blank).
- **Critical items.** Items deemed critical to the planned analysis will include “soft checks” or a prompt provided in a pop-up screen that confirms the response (if out of range) or provides information on how the data will be used – to help motivate response when the item is left blank. Critical items in this survey are: A6 (receive funding other sources), A9 (staffing in FTEs) and C1 (share of beneficiaries receiving services).
- **Incentives.** Mathematica will provide survey respondents a \$40 post-payment for completing the survey.
- **Privacy policy.** Programmer: please place the following link on the bottom of each page of the instrument. [<https://www.ssa.gov/agency/privacy.html>].

WEB SURVEY LANDING PAGE

OMB No.: XXX
Expiration Date: X/XX/XX



Welcome to the Social Security Administration’s (SSA) Ticket Act Provider Survey for Work Incentives Planning and Assistance (WIPA) Projects!

This survey should be completed by someone who can answer questions about your organization overall and about the WIPA services that your organization delivers.

Click “begin” to start the survey.

If you have questions, or if this survey should be sent to someone else at your organization, please contact Mathematica at XXX-XXX-XXXX TTWevaluation@Mathematica-mpr.com.

BEGIN

Privacy Act Statement

Collection and Use of Personal Information

Section 1110 of the Social Security Act, as amended, allows us to collect this information, which we will use to conduct research and improve SSA programs. Providing us this information is voluntary; not providing all or part of the information will not affect you. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0218, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

PROGRAMMER: INSERT PDF ON THIS PAGE RESPONDENTS CAN OPEN/DOWNLOAD.

Section A. Consent and organization characteristics

PROGRAMMER: DISPLAY ALL SECTION HEADERS ON SCREEN THROUGHOUT SURVEY DURING THEIR RESPECTIVE SECTIONS

ALL ORGANIZATIONS

A1. Do you agree to take part in this survey?

Mathematica, an independent research firm, is conducting this survey on behalf of the Social Security Administration (SSA), as part of its evaluation of the Ticket to Work program, including the WIPA program. It will take about 33 minutes to complete, including time spent looking up information or speaking with others at your organization. There are questions about your organization overall and the services you deliver. Mathematica will send you a \$40 check for completing this survey.

The survey is voluntary. You can choose to complete it or not. If you agree to take part, you may skip any question you do not want to answer. Your answers to these questions will be grouped with everyone else who takes part. Your name, and the name of your organization will not be used in any reports.

- m Yes – I agree to take part in this survey.....1 GO TO A_Intro
- m No – I do not agree to take part in this survey.0 GO TO A1a
- NO RESPONSE.....M GO TO A1a

HARD CHECK: IF A1=NO RESPONSE; This item records your consent to taking part in this voluntary survey. If you have questions, or if this survey should be sent to someone else at your organization, please contact Mathematica at XXX-XXX-XXXX.

Source: NEW

ALL NON-CONSENTING (A1=0)

A1a. Thank you for your interest in the Ticket to Work Evaluation and in this survey. We appreciate your time and your consideration of this request.

If you have questions, concerns, or if this survey should be sent to someone else at your organization, please contact Mathematica at XXX-XXX-XXXXTTWevaluation@Mathematica-mpr.com.

PROGRAMMER: TERMINATE AND FINALIZE THIS CASE AS SCREENED IN CONFIRMIT. WE WILL RE-OPEN THE INSTRUMENT FOR THIS ORGANIZATION IF ANOTHER RESPONDENT IS IDENTIFIED HEREAFTER.

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)

A_Intro. The next set of questions are about your organization. This includes topics such as your funding, services offered, and staffing. Your answers to these questions help the researchers and SSA better understand different WIPA projects across the country.

m Continue..... 1

Source: NEW

ALL CONSENTING (A1=1)

ORG NAME

A2. Which of the following organization types best describes the organization that operates, administers, or houses the WIPA project at [ORG NAME]?

Select one only

- m Domestic institution of higher education..... 1
- m Nonprofit organization..... 2
- m For profit organization..... 3
- m State government agency..... 4
- m Native American tribal organization..... 5
- m Other 99
- NO RESPONSE..... M

PROGRAMMER: Do not randomize the responses shown above, present in the sequence shown.

Source: APOR, Q5, REV

ALL CONSENTING (A1=1)

A3. For how many years has [ORG NAME] operated as a WIPA project?

NUMBER OF YEARS
(RANGE 0-999)

NO RESPONSE..... M

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

A4. Does [ORG NAME] also operate as an Employment Network?

- m Yes..... 1
- m No..... 0
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

A5. Does [ORG NAME] also operate a PABSS agency?

- m Yes..... 1
- m No..... 0
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

A6. Does [ORG NAME] currently receive funding to provide benefits counseling from any sources other than the WIPA cooperative agreement with SSA?

- m Yes..... 1
- m No..... 0 GO TO A8
- NO RESPONSE.....M GO TO A8

SOFT CHECK: IF A6=NO RESPONSE; **Your answer to this question helps us know what to ask next. There are no right or wrong answers. We seek to learn about your project's experience delivering WIPA services.**

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING WITH FUNDING FROM OUTSIDE WIPA AGREEMENT (A1=1 AND A6=1)
ORG NAME

A7. From what other sources does [ORG NAME] receive funding to provide benefits counseling?

Please select all funding sources your organization uses to provide benefits counseling.

- State Vocational Rehabilitation agency..... 1
- Federal government grants or contracts outside of the WIPA cooperative Agreement (e.g., Social Security Demonstrations)..... 2
- Employment Network..... 3
- PABSS agency..... 4
- State or local government grants or contracts..... 5
- Foundation grants..... 6
- Donations from individuals, corporations, charities, or religious organizations..... 7
- Other source(s), not listed above..... 99
- NO RESPONSE..... M

Source: PHE, A11, REV

ALL CONSENTING WITH OUTSIDE FUNDING FROM SOURCE NOT LISTED (A1=1 AND A7=99)
ORG NAME

A7a. What other sources(s) does [ORG NAME] receive funding to provide benefits counseling from?

OTHER FUNDING SOURCES
(STRING 100)

NO RESPONSE..... M

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING WITH FUNDING FROM OUTSIDE WIPA AGREEMENT (A1=1 AND A6=1)
ORG NAME

A8. What percentage of [ORG NAME]’s total funding is provided by the WIPA cooperative agreement?

Select one only

- m Less than 10%..... 1
- m 10 – < 25%..... 2
- m 25 – < 50%..... 3
- m 50 – < 75%..... 4
- m 75% or more..... 5
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

A9. Thinking about the staff at [ORG NAME] who support, oversee, or provide benefits counseling for Social Security disability beneficiaries, how many full-time equivalents (FTEs) do they fill?

Please consider **all staff** (e.g., admin staff, directors, benefits counselors) who support, oversee, or provide benefits counseling, even if they are funded by sources outside the WIPA cooperative agreement.

A full-time equivalent is one full-time staff person, or a combination of part-time staff whose time adds up to a full time equivalent (for example, two staff who work half-time).

Social Security disability beneficiaries are clients who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits (Title II or Title XVI).

NUMBER OF FTEs

(RANGE 0-999)

NO RESPONSE..... M GO TO A12

SOFT CHECK: IF A9=NO RESPONSE; Your answer to this question helps us know what to ask next. There are no right or wrong answers. We seek to learn about staff capacity at your organization.

Source: NEW

ALL CONSENTING AND HAS FTEs (A1=1 and A9>0)
[RESPONSE FOR A9]

A10. How many of the [A9] full-time equivalents (FTEs) are filled by Work Incentives Counselors who provide benefits counseling under either WIPA funding or any other funding source?

- A full-time equivalent is one full-time staff person, or a combination of part-time staff whose time adds up to a full time equivalent (for example, two staff who work half-time)
- Please enter 0 if there are no Work Incentive Counselors who provide services to beneficiaries and a number greater than 0 if there are any Work Incentive Counselors who provide services to beneficiaries.
- A number between 0 and 1 indicates that the total time Work Incentive Counselors provide services to beneficiaries sums to less than one full-time equivalent.

<input type="text"/>	NUMBER OF FTEs
	(RANGE 0-999)

NO RESPONSE.....M

SOFT CHECK: IF A10 >A9; The number of Work Incentive Counselor FTEs you've entered is higher than the number of FTEs you entered in the previous question. Please confirm the number you entered is correct and update your answer, as needed, in either question.

Source: NEW

ALL CONSENTING AND HAS FTEs (A1=1 and A10>0)
USE RESPONSE FOR A10 IN ITEM

A11. What share of these [A10] full-time equivalents (FTEs) are supported by WIPA funding?

<input type="text"/>	SHARE OF FTEs	(RANGE 0-100%)
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NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

A12. On average, how many beneficiaries does each full-time equivalent certified Work Incentive Coordinator (CWICs) serve each month? This might be referred to as the average CWIC caseload.

This question is asking about all beneficiaries, not just beneficiaries served under the WIPA cooperative agreement.

A full-time equivalent is one full-time staff person, or a combination of part-time staff whose time adds up to a full time equivalent (for example, two staff who work half-time).

Select one only

- m Less than 10..... 1
- m 10 – 19..... 2
- m 20 – 29..... 3
- m 30 – 39..... 4
- m 40 – 49..... 5
- m 50 or more..... 6
- NO RESPONSE..... M GO TO A14

Source: NEW

ALL CONSENTING AND SERVING CLIENTS (A1=1 and A12=1, 2, 3, 4, 5, or 6)

A13. What share of this caseload is typically made up of Social Security disability beneficiaries served under WIPA funding?

For example, if the average CWIC caseload is 10 beneficiaries per month and 7 are supported by WIPA cooperative agreement funding, the share we are asking for would be 70%.

Select one only

- m Less than 25%..... 1
- m 25 – 49%..... 2
- m 50 – 74%..... 3
- m 75 - 99%..... 4
- m 100%..... 5
- NO RESPONSE..... M

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

A14. What type of outreach did the WIPA project at [ORG NAME] conduct during the first six months of the current cooperative agreement?

Select all that apply

- General advertisements (online, radio, other formats)..... 1
- Emails to beneficiaries..... 2
- Mailings to beneficiaries..... 3
- Text messages to beneficiaries..... 4
- Phone calls to beneficiaries..... 5
- Webinars or workshops..... 6
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

A15. What kind of outreach has the WIPA project at [ORG NAME] conducted in the last year?

Select all that apply

- Not currently conducting outreach..... 1
- General advertisements (online, radio, other formats)..... 2
- Emails to beneficiaries..... 3
- Mailings to beneficiaries..... 4
- Text messages to beneficiaries..... 5
- Phone calls to beneficiaries..... 6
- Webinars or workshops..... 7
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)

A16. Some WIPA projects may have sustained relationships with other organizations to better meet beneficiary needs. What are the top three types of organizations or groups that your WIPA project coordinates with?

Please select up to three options from the list below.

- Employment Networks..... 1
- Vocational Rehabilitation agencies..... 2
- PABSS agencies..... 3
- Other service providers..... 4
- Local SSA officers and Work Incentive Liaisons (WICs)..... 5
- Area Work Incentives Coordinators (AWICs)..... 6
- PASS specialists..... 7
- American Job Centers..... 8
- Community organizations..... 9
- Educational institutions..... 10
- Parents groups..... 11
- Other groups or organizations..... 12
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

A17. Does the WIPA project at [ORG NAME] offer services in alternative formats or languages, including through interpreters or other third-party services? Please select the alternative formats or languages used.

Select all that apply

- Sign language, Video Relay Services (VRS), or using Teletype (TTY)/relay..... 1
- Staff who speak languages other than English or interpreters for languages other than English 2
- None of the above..... 0
- NO RESPONSE..... M

PROGRAMMER: DO NOT RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS SHOWN ABOVE. IF A17_0=1, DESELECT ALL OTHER SELECTED RESPONSES.

Source: APOR, 16, REV

Section B. Beneficiary intake

ALL CONSENTING (A1=1)

B_Intro.

The next set of questions ask about the intake process for SSDI and SSI beneficiaries. The information you provide will help the researchers and SSA better understand this process from the perspective of WIPA projects across the country.

m Continue..... 1

Source: NEW

ALL CONSENTING (A1=1)

B1. Below is a list of statements about SSA’s Ticket to Work Beneficiary Help Line. Thinking about your organization’s experience with the Help Line, please indicate whether you agree, disagree, or have a neutral response to each statement.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Agree	Neutral	Disagree
a. Referrals from the Help Line are more efficient for WIPA staff than referrals from other sources, since Help Line staff typically confirm eligibility before referring beneficiaries for WIPA services	1 m	2 m	3 m
b. The more referrals that come from the Help Line, the more time staff at [ORG NAME] have for WIPA services.	1 m	2 m	3 m
c. The process for receiving referral emails from the Help Line is easy and efficient for [ORG NAME] staff to manage, since Help Line staff confirm eligibility before referring beneficiaries for WIPA services	1 m	2 m	3 m
d. Help Line-referred beneficiaries are eligible for WIPA services.	1 m	2 m	3 m
e. Help Line-referred beneficiaries are interested in WIPA services.	1 m	2 m	3 m
f. Help Line-referred beneficiaries reside within [ORG NAME]’s service area.	1 m	2 m	3 m
g. The volume and pace of referrals from the Help Line is reasonable for WIPA staff at [ORG NAME] to keep up with.	1 m	2 m	3 m

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM B1a-B1g.

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

B2. Does the WIPA project at [ORG NAME] have a waitlist for services?

- m Yes..... 1
- m No..... 0 GO TO B6
- NO RESPONSE..... M GO TO B6

SOFT CHECK: IF B2=NO RESPONSE; **Many WIPA projects have waitlists for services. Your answer to this question will help us know which questions to ask so that SSA and researchers can learn more about waitlists for services at WIPA projects.**

Source: NEW

ALL CONSENTING AND HAS WAITLIST (A1=1 AND B2=1)

B3. For how long are beneficiaries typically on the waitlist?

DAYS (RANGE 1-31)/MONTHS (RANGE 1-12)/YEARS (1-50)

NO RESPONSE.....M

PROGRAMMER: THE THREE FIELD DESCRIPTIONS SHOULD BE A DROP DOWN FOR THE RESPONDENT TO SELECT FROM.

Source: NEW

ALL CONSENTING AND HAS WAITLIST (A1=1 AND B2=1)

B4. How many beneficiaries are typically on the wait list?

Number of beneficiaries (0 – 9999)

NO RESPONSE.....M

Source: NEW

ALL CONSENTING AND HAS WAITLIST (A1=1 AND B2=1)

B5. Have beneficiary wait times increased, decreased, or stayed about the same as this time one year ago?

Select one only

- m Wait times have increased..... 1
- m Wait times have decreased..... 2
- m Wait times have stayed about the same..... 3
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

B6. What are the top three types of questions or concerns that typically bring beneficiaries to the WIPA project at [ORG NAME]?

Please choose only the top three questions or concerns.

- Concerns about Social Security disability benefits (including how earnings affect those benefits)..... 1
- Concerns about other types of cash benefits..... 2
- Health insurance (Medicaid, Medicare, employer-sponsored, or market-based)..... 3
- SSA work incentives..... 4
- Asset limits (either for SSI or other programs)..... 5
- Employer benefits..... 6
- Work-related overpayments..... 7
- Other questions or concerns, not listed above (SPECIFY)..... 99

(STRING 50)

NO RESPONSE..... M

ALL CONSENTING (A1=1)

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B7. Over the course of this cooperative agreement, have wait times to receive BPQYs from SSA increased, decreased, or stayed about the same?

Select one only

- m Wait times have increased..... 1
- m Wait times have decreased..... 2
- m Wait times have stayed about the same..... 3
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)
ORG NAME

B8. Where do CWICs in your organization typically refer beneficiaries who need services that the WIPA project at [ORG NAME] does not offer?

Select all that apply

- o Employment Networks..... 1
- o Protection and Advocacy for Beneficiaries of Social Security (PABSS) Agencies..... 2
- o SSA's Ticket to Work Beneficiary Help Line..... 3
- o SSA's National 1-800 number (also known as the Teleservice Center) 4
- o Vocational Rehabilitation agencies..... 5
- o Other organization(s) not listed above..... 99
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING, REFER TO OTHER ORGANIZATIONS NOT LISTED (A1=1 AND B8_99=1)
ORG NAME

B9. To what other organization(s) do CWICs typically refer beneficiaries who need services that the WIPA project at [ORG NAME] does not offer?

--

OTHER ORGANIZATIONS (STRING 100)

NO RESPONSE..... M

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)

B10. Other than increasing funding (which is set by Congress), what are the most important changes SSA could make to help WIPA projects provide more beneficiaries with the services they need?

Do not include any personal information (such as name, SSN, or date of birth) in your response.

NO RESPONSE.....M

PROGRAMMER: INCREASE THE SIZE OF THE TEXT BOX ON SCREEN TO SIGNAL ADDITIONAL SPACE FOR THE COMMENTS. (STRING 1,000)

Source: *NEW*

Section C. Providing services to beneficiaries

ALL CONSENTING (A1=1)

C_Intro.

In this section there are questions about service provision for Social Security disability beneficiaries. Your answers to these questions help the researchers and SSA better understand service provision experiences for WIPA projects across the country.

m Continue..... 1

Source: NEW

ALL CONSENTING (A1=1)
 ORG NAME

C1. Thinking of services provided under WIPA funding, what share of beneficiaries served by the WIPA project at [ORG NAME] receive the following?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Few receive	Some receive	Many receive	Nearly all receive	Not applicable
a. Information & Referral	1 m	2 m	3 m	4 m	
b. Benefits Summary & Analysis	1 m	2 m	3 m	4 m	
c. Individualized benefits counseling (other than Benefits Summary & Analysis)	1 m	2 m	3 m	4 m	
d. Work Incentives Plan	1 m	2 m	3 m	4 m	
e. Assistance with wage reporting	1 m	2 m	3 m	4 m	
f. Other service(s) not listed above	1 m	2 m	3 m	4 m	

SOFT CHECK: IF C1a OR C1b OR C1c OR C1d OR C1e=NO RESPONSE; A goal of the survey is to learn more about the services beneficiaries receive at WIPA projects. Your answer to this question will help researchers and SSA learn more about services received. There are no right or wrong answers.

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM C1a-C1e. Only offer the not applicable response for item C1f.

Source: APOR, 17 - rev

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING WITH OTHER SERVICES PROVIDED (A1=1 AND C1f=1, 2, 3, or 4)
[ORG NAME]

C1G. What are the other services provided under WIPA funding to beneficiaries served by the WIPA project at [ORG NAME]?

OTHER SERVICES PROVIDED
(STRING 150)

NO RESPONSE..... M

Source: APOR, 17 - rev

ALL CONSENTING (A1=1)
ORG NAME

C2. WIPA funding is set by Congress, but costs may have increased over time. Has this caused the WIPA project at [ORG NAME] to change how it delivers services?

- m Yes..... 1
- m No..... 0 GO TO C4
- m Not applicable..... 2 GO TO C4
- NO RESPONSE..... M GO TO C4

Source: NEW

ALL CONSENTING SERVICES HAVE CHANGED (A1=1 AND C2=1)
ORG NAME

C3. How has the WIPA project at [ORG NAME] changed the way it delivers WIPA services in response to funding constraints?

Select all the ways that service delivery has changed over time.

Select all that apply

- Same services, longer wait to services..... 1
- Offering fewer service hours, on average, to beneficiaries receiving WIPA services..... 2
- Serving fewer beneficiaries under the WIPA cooperative agreement..... 3
- Seeking additional funding from other sources..... 4
- NO RESPONSE..... M

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

C4. Thinking about all CWICs under the WIPA project at [ORG NAME] who currently work directly with beneficiaries.

What percentage of a typical week do they spend on the following tasks?

- List a numerical value. If they do not spend time on a task, mark it as zero (0) percent.
- Your best estimate for each task is fine.
- The share of hours should sum to 100 percent in a typical week.
- If they attend meetings, please allocate those hours to the most appropriate task or tasks.

	% of staff time
a. Providing information & referral services	<input type="text"/>
b. Verifying client benefits	<input type="text"/>
c. Providing benefits counseling (including drafting BSAs and WIPs)	<input type="text"/>
d. Other administrative or clerical tasks, including data entry	<input type="text"/>
e. Outreach to other organizations, groups, or beneficiaries	<input type="text"/>
f. Other tasks not listed above	<input type="text"/>
g. PROGRAMMER: SUM RESPONSES IN A-E	[SUM A-I]

PROGRAMMER: RANGE FOR GRID IS 1-100

Source: NSGC, B2, REV

ALL CONSENTING (A1=1)
ORG NAME

C5. Some organizations deliver services in-person, some deliver services remotely, and some use a mix of approaches.

Does the WIPA project at [ORG NAME] offer services remotely?

Remote service delivery includes virtual platforms (Zoom, MS Teams, Google Meet), email, telephone calls, and text messaging.

- m Yes.....1
- m No.....0 GO TO C7
- NO RESPONSE.....M GO TO C7

SOFT CHECK: IF C5=NO RESPONSE; Your response to this question will help us know which questions to ask next. We seek to learn more about the ways in which services are offered. There are no right or wrong answers.

Source: NEW

ALL CONSENTING AND OFFERS SERVICES REMOTELY (A1=1 AND C5=1)

C6. What share of Social Security disability beneficiaries does your WIPA project serve in-person versus remotely?

Note: Your best estimate is fine.

PROGRAMMER: RANGE FOR GRID IS 1-100

	% of beneficiaries receiving services
a. Percent of beneficiaries receiving ALL services in-person	<input type="text"/>
b. Percent of beneficiaries receiving ALL services remotely	<input type="text"/>
c. Percent of beneficiaries receiving a mix of in-person and remote services	<input type="text"/>
d. PROGRAMMER: SUM RESPONSES IN A-C	[SUM A-C]

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

C7. Which statement best describes the WIPA project at [ORG NAME]'s current staffing level and capacity to provide timely and quality WIPA services to eligible beneficiaries?

Select one only

- m We are fully staffed and do not have the capacity to serve more beneficiaries at this time..... 1
- m We are fully staffed and have the capacity to serve more beneficiaries.....2
- m We have staff vacancies and do not have the capacity to serve more beneficiaries at this time.....3
- m We have staff vacancies but have the capacity to serve more beneficiaries.....4
- NO RESPONSE.....M

Source: CSAVR, Pg. 1, REV

ALL CONSENTING (A1=1)
ORG NAME

C8. To what extent has the WIPA project at [ORG NAME] experienced the following beneficiary-related challenges?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Beneficiary's ability to access WIPA services (remotely or in person)	1 m	2 m	3 m	4 m
b. Beneficiaries' responsiveness to contacts from WIPA staff (e.g., returning calls)	1 m	2 m	3 m	4 m

Source: REO, D5, REV

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

C9. To what extent has the WIPA project at [ORG NAME] experienced the following staff-related challenges?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Hiring staff with necessary experience or expertise	1 m	2 m	3 m	4 m
b. Staff turnover	1 m	2 m	3 m	4 m
c. Amount of time necessary for staff to obtain or maintain a Community Work Incentive Coordinator (CWIC) certification	1 m	2 m	3 m	4 m
d. Time for staff to obtain full SSA suitability clearance	1 m	2 m	3 m	4 m
e. Time to train staff on WIPA STAR	1 m	2 m	3 m	4 m
f. Staff availability	1 m	2 m	3 m	4 m
g. Staff who require accommodations that our organization cannot provide	1 m	2 m	3 m	4 m
h. Staff unsatisfied with total compensation	1 m	2 m	3 m	4 m

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM C9a-C9h.

Source: *REO, D5, REV*

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

C10. To what extent has the WIPA project at [ORG NAME] experienced challenges engaging and retaining relationships with the following providers?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Not challengin g at all	Somewhat challengin g	Very challengin g	Not applicable
a. Employment Networks	1 m	2 m	3 m	4 m
b. Vocational Rehabilitation agencies	1 m	2 m	3 m	4 m
c. Protection and Advocacy for Beneficiaries of Social Security (PABSS) agencies	1 m	2 m	3 m	4 m

Source: *REO, D5, REV*

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

C11. To what extent has the WIPA project at [ORG NAME] experienced the following challenges related to service delivery?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Responsiveness of SSA field offices (e.g., to provide Benefits Planning Query)	1 m	2 m	3 m	4 m
b. Quality and/or accuracy of Benefits Planning Queries	1 m	2 m	3 m	4 m
c. Responsiveness of Area Work Incentives Coordinators	1 m	2 m	3 m	4 m
d. Responsiveness of state agencies (e.g., to verify benefits)	1 m	2 m	3 m	4 m
e. Referring beneficiaries to Employment Networks	1 m	2 m	3 m	4 m
f. Referring beneficiaries to Vocational Rehabilitation agencies	1 m	2 m	3 m	4 m
g. Referring beneficiaries to Protection and Advocacy for Beneficiaries of Social Security (PABSS) Agencies	1 m	2 m	3 m	4 m
h. Effectiveness of case management software or other management information system for service delivery	1 m	2 m	3 m	4 m

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM C11a-C11h.

Source: REO, D5, REV

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)
ORG NAME

C12. To what extent has the WIPA project at [ORG NAME] experienced the following administrative challenges?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Verifying potential client eligibility	1 m	2 m	3 m	4 m
b. Verifying potential client benefits	1 m	2 m	3 m	4 m
c. Tracking beneficiaries' data for program performance reports, such as services provided	1 m	2 m	3 m	4 m
d. Meeting federal systems and security requirements (e.g., FedRAMP)	1 m	2 m	3 m	4 m
e. Reporting to SSA on services provided	1 m	2 m	3 m	4 m
f. Lack of or limited financial resources for your WIPA project	1 m	2 m	3 m	4 m
g. Lack of or limited nonfinancial resources (such as space or equipment) for your WIPA project	1 m	2 m	3 m	4 m

SOFT CHECK: IF C12a-g=NO RESPONSE; All WIPA projects encounter challenges. Your answer to this question helps the researchers and SSA learn about your WIPA project's experiences.

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM C12a-C12g.

Source: REO, D5, REV

ALL CONSENTING (A1=1)
ORG NAME

C13. Are there any challenges the WIPA project at [ORG NAME] has experienced that we have not asked about?

m Yes.....1
 m No.....0 GO TO D_Intro
 NO RESPONSE.....M GO TO D_Intro

Source: REO, D5, REV

ALL CONSENTING AND OTHER CHALLENGES (A1=1 AND C13=1)
ORG NAME

C14. Please briefly describe the other challenges below.

Do not include any personal information (such as name, SSN, or date of birth) in your response.

OTHER CHALLENGES
(STRING 500)

1 m No other challenges

NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

C15. In your opinion, what are the most important changes SSA could make to help more beneficiaries find work, stay working, and reduce their dependence on cash benefit programs?

Do not include any personal information (such as name, SSN, or date of birth) in your response.

NO RESPONSE.....M

PROGRAMMER: INCREASE THE SIZE OF THE TEXT BOX ON SCREEN TO SIGNAL ADDITIONAL SPACE FOR THE COMMENTS. (STRING 1,000)

Source: NEW

Section D. Influence of services on beneficiaries

ALL CONSENTING (A1=1)

D_Intro.

Questions in this section ask about the ways that WIPA services affect the lives of people receiving those services. There are no right or wrong answers. The information provided will help the researchers and SSA better understand service provision for TTW beneficiaries across the country.

m Continue..... 1

Source: NEW

ALL CONSENTING (A1=1)

D1. Are WIPA program services more effective at helping some groups of beneficiaries than others in meeting their employment goals?

Specific groups might include beneficiaries who are already working, self-employed beneficiaries, beneficiaries with a pending job offer who have not yet accepted that offer, or beneficiaries who are considering work, but have not yet applied.

m Yes – services are more effective for some groups.....1

m No – services are equally effective for all groups.....0 GO TO D3

NO RESPONSE.....M GO TO D3

Source: NEW

ALL CONSENTING AND MORE EFFECTIVE FOR SOME BENEFICIARIES (A1=1 AND D1=1)

D2. Which of the following groups of beneficiaries are WIPA program services most effective at helping them meet their employment goals?

Please rank groups from those for whom services are most effective (1) to least effective (3).

PROGRAMMER: RANGE FOR GRID IS 1-3

	Ranking
a. Beneficiaries who are already working (including self-employed)	<input type="text"/>
b. Beneficiaries with a pending job offer who have not yet accepted that offer	<input type="text"/>
c. Beneficiaries who are considering work, but have not yet applied	<input type="text"/>

PROGRAMMER: FOR EACH OPEN-ENDED FIELD, ALLOW VALUES OF 1, 2, 3,

Source: NEW

Survey Instrument for the Ticket Act Provider Survey for WIPA Projects

ALL CONSENTING (A1=1)

D3. In your opinion, do the staff at your WIPA project have sufficient training to meet beneficiary needs?

- m Yes..... 1
- m No..... 0
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

D4. Would staff at your WIPA project benefit from additional training or support on any of the following topics? Please select from the list below all the trainings that would be helpful for staff.

Select all that apply

- SSDI work incentive rules..... 1
- SSI work incentive rules..... 2
- SSI asset limits..... 3
- SSI in-kind support and maintenance..... 4
- Work continuing disability reviews..... 5
- Medical continuing disability reviews..... 6
- Wage reporting..... 7
- Overpayments..... 8
- Eligibility for non-SSA benefits (e.g. Medicaid, SNAP)..... 9
- Other topic(s), not listed above 99
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING WHERE STAFF NEED OTHER TRAINING NOT LISTED (A1=1 AND D4_99=1)

D4A. On what other topics, would staff at your WIPA project benefit from?

OTHER TOPICS FOR TRAINING/SUPPORT
(STRING 150)

NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

D5. Other than increasing funding (which is set by Congress), if SSA could make one change to the WIPA program that would allow your project to better serve beneficiaries, what would it be?

Do not include any personal information (such as name, SSN, or date of birth) in your response.

NO RESPONSE.....M

PROGRAMMER: INCREASE THE SIZE OF THE TEXT BOX ON SCREEN TO SIGNAL ADDITIONAL SPACE FOR THE COMMENTS. (STRING 1,000)

Source: *NEW*

ALL CONSENTING (A1=1)

D6. Is there anything that we have not asked that SSA should know about running an effective WIPA project?

Do not include any personal information (such as name, SSN, or date of birth) in your response.

NO RESPONSE.....M

PROGRAMMER: INCREASE THE SIZE OF THE TEXT BOX ON SCREEN TO SIGNAL ADDITIONAL SPACE FOR THE COMMENTS. (STRING 1,000)

Source: *NEW*

Section E. Closing

ALL CONSENTING (A1=1)

E1. Thank you for the time you have spent answering these questions. Mathematica will mail you a \$40 gift card to thank you for completing this survey.

The information below helps us know where to send the check.

Your Name: (STRING 50)
Street Address 1: (STRING 200)
Street Address 2: (STRING 50)
City: STRING 150
State: PROGRAMMER: USE DROP DOWN
Zip: (STRING 10)

SOFT CHECK: IF ANY FIELDS IN E1=NO RESPONSE; This information is not required, however we will need it to be able to send you the \$40 check for completing the survey. If you do not wish to provide this information, or do not want to receive the \$40 check, you may leave this blank and continue to the next question.

Source: *NEW*

ALL CONSENTING (A1=1)

E2. If we have any questions about the information you have provided in the survey, may we contact you by phone? If you agree to be contacted, please provide the best telephone number to reach you at below.

TELEPHONE NUMBER
NO RESPONSE.....M

Source: *NEW*

ALL CONSENTING (A1=1)

CLOSING SCREEN



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SOCIAL SECURITY ADMINISTRATION

Thank you for completing this survey.

We appreciate your time and the information you have provided. If you have any questions, please contact the survey director at Mathematica, Holly Matulewicz, at [XXX-XXX-XXXX](tel:XXX-XXX-XXXX).

For more information about the Ticket-to-Work evaluation, go to: WWW.XXX.SSA.GOV.

PROGRAMMER: PLEASE ENSURE THE LOGO MAINTAINS THE ALT-TEXT PROVIDED IN THE SPECIFICATIONS. PLEASE HYPERLINK THE SSA LOGO TO THE STUDY WEBSITE AT: WWW.XXX.SSA.GOV.