
Attachment A3g: Survey Instrument for the Ticket Act Provider
Survey for P&A Agencies Receiving PABSS Funding



**Ticket to Work (TTW) Evaluation:
Ticket Act Provider Survey for Protection and Advocacy (P&A) Agencies receiving Protection and Advocacy for Beneficiaries of Social Security (PABSS) Funding**

Draft Dated: 04.18.25

Survey Goal: The purpose of the PABSS provider surveys is to collect data from organizations delivering PABSS services to gain insights about their experiences implementing the program, the extent to which they believe 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 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 PABSS providers at an organizational level. The survey will be sent to a single point of contact at each organization. There will be no sampling – we will invite all PABSS providers in the United States, focusing on PABSS coordinators, to take part.
- **Duration.** It takes 23 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 Forsta. 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).
- **Incentives.** Mathematica will provide survey respondents a \$40 post-payment for completing the survey.
- **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: B1 (waitlist), C1 (services delivered); C6 (service delivery challenges); and D2, D3, and D4 (strategies to reduce barriers).
- **Privacy policy.** Programmer please place the following link at 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 Protection and Advocacy (P&A) Agencies receiving Protection and Advocacy for Beneficiaries of Social Security (PABSS) Funding!

This survey should be completed by someone at your Protection and Advocacy (P&A) agency who can answer questions about the organization overall, the PABSS program, and the services delivered under the PABSS program.

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 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, contracts, and others, outlined in the routine uses within the 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 benefits eligibility and to recoup debts under these programs.

Section A. Consent and organization characteristics

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

ALL

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

You are invited to complete the survey, responding on behalf of your P&A agency.

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 PABSS program. It will take about 23 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-XXXX.

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

Source: NEW

ALL CONSENTING (A1=1)

A_Intro.

The next set of questions ask about your P&A agency overall. This includes topics such as funding, services offered, and staffing. Your answers to these questions help the researchers and SSA better understand the different P&A agencies that provide PABSS funded services across the country.

m Continue..... 1

Source: NEW

ALL CONSENTING (A1=1)

A2. How would you describe your P&A agency? Is it a ...

Select one only

m State agency..... 1

m Non-profit..... 2

m Other..... 99

m NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)

A3. Does your P&A agency also operate as a Work Incentives Planning and Assistance (WIPA) project?

Select one only

m Yes..... 1

m No..... 0

m NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)

A4. Does your P&A agency currently receive funding from the Client Assistance Program (CAP)?

Select one only

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

Source: NEW

ALL CONSENTING (A1=1)

A5. Does your P&A agency receive funding from any sources OUTSIDE of the PABSS program, CAP, or the following seven other federally funded P&A programs?

- Individual Rights (PAIR)
- Individuals with Mental Illness (PAIMI)
- Individuals with Traumatic Brain Injury (PATBI)
- Users of Assistive Technology (PAAT)
- Voter Access (PAVA)
- Persons with Developmental Disabilities (PADD)
- Beneficiaries with Representative Payees (PABRP)

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

Source: NEW

ALL CONSENTING AND RECEIVES FUNDING OUTSIDE OF 9 FEDERAL SOURCES (A1=1 AND A5=1)

A6. Please indicate what other sources of funding your P&A agency receives OUTSIDE of the PABSS program, CAP, and the seven other federally funded P&A programs listed below?

- Individual Rights (PAIR)
- Individuals with Mental Illness (PAIMI)
- Individuals with Traumatic Brain Injury (PATBI)
- Users of Assistive Technology (PAAT)
- Voter Access (PAVA)
- Persons with Developmental Disabilities (PADD)
- Beneficiaries with Representative Payees (PABRP)

Please select all the other funding sources that your P&A agency receives.

- Other federal government grants or contracts..... 1
- State or local government grants or contracts..... 2
- Foundation grants..... 3
- Monetary awards as a result of litigation..... 4
- Interest on lawyer trust accounts funding (which includes funding from civil cases that is distributed between non-profit agencies) 5
- Donations from individuals, corporations, charities, or religious organizations..... 6
- Other source(s) of funding, not listed above 99
- NO RESPONSE..... M

Source: PHE, A11, REV

ALL CONSENTING WITH OTHER SOURCE OF FUNDING (A1=1 AND A6_99=1)

A6A. From what other source(s) does your P&A agency receive funding, other than the federally funded P&A programs?

OTHER SOURCE(S) OF FUNDING
(STRING 150)

NO RESPONSE..... M

Source: NEW

ALL CONSENTING AND RECEIVES FUNDING FROM NON-FEDERAL SOURCES (A1=1 AND A5=1)

A7. What percent of your P&A agency's total funding is provided by the PABSS program?

Select one only, and your best guess is fine.

- m < 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)

A8. Thinking about the staff who work at your P&A agency, how many full-time equivalents (FTEs) do they represent?

Please consider **all staff** (e.g., admin staff, directors, and staff who provide direct services to beneficiaries) funded under any source when answering this question.

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).

NUMBER OF FTEs (RANGE 0-999)

NO RESPONSE.....M

Source: NEW

ALL CONSENTING AND HAS FTEs (A1=1 AND A8>0)

A9. Thinking about the staff who provide direct services to Social Security disability beneficiaries at your P&A agency, how many full-time equivalents (FTEs) do they fill?

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

Source: NEW

ALL CONSENTING AND HAS FTEs PROVIDING DIRECT SERVICES (A1=1 AND A9>0)

A10. Approximately what percentage of the full-time equivalents (FTEs) who provide direct services to Social Security disability beneficiaries are funded by the PABSS program?

	PERCENTAGE OF FTEs (RANGE 0-100)
NO RESPONSE.....M	

Source: NEW

ALL CONSENTING (A1=1)

A11. Among staff who provide services using PABSS funding, how many clients does each staff member actively serve over the course of a year on average? This might be referred to as the staff's average yearly caseload.

This question is asking about all clients, not just clients served under PABSS funding.

- m Less than 15..... 1
- m 15 - 24..... 2
- m 25 - 34..... 3
- m 35 - 44..... 4
- m 45 - 54..... 5
- m 55 or more..... 6
- m Do not have this information..... 7
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

A12. What share of this caseload is typically made up of clients served under PABSS funding? These clients will be referred to as “PABSS clients” moving forward.

Select one only

- m < 25%..... 1
- m 25 – < 49%..... 2
- m 50 – < 74%..... 3
- m 75 – < 99%..... 4
- m All..... 5
- m Don't know D
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)

A13. Do staff at your P&A agency currently conduct any outreach to raise awareness about PABSS services?

- m Yes..... 1
- m No..... 0 GO TO A17
- NO RESPONSE..... M GO TO A17

Source: NEW

ALL CONSENTING AND CONDUCT ANY OUTREACH TO CLIENTS (A1=1 AND A13=1)

A14. What type of outreach do staff at your P&A agency currently conduct about the PABSS program?

Select all that apply

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

Source: NEW

ALL CONSENTING AND CONDUCT ANY OUTREACH TO CLIENTS (A1=1 AND A13=1)

A15. To what types of organizations do staff at your P&A agency currently conduct outreach about the PABSS program?

Select all that apply

- Outreach to Employment Networks..... 1
- Outreach to Vocational Rehabilitation agencies..... 2
- Outreach to Work Incentives Planning and Assistance projects..... 3
- Outreach to community organizations..... 4
- Outreach to other service providers..... 5
- Outreach to educational institutions..... 6
- Outreach to parent groups..... 7
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING, CONDUCT OUTREACH TO CLIENTS (A1=1 AND A13=1)

A16. What other type of outreach, if any, do staff at your P&A agency currently conduct about the PABSS program?

OTHER OUTREACH

(STRING (150))

- o No other outreach.....1
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

A17. Some P&A agencies may have sustained relationships with other organizations to better meet client needs. What are the top three types of organizations or groups that your P&A agency coordinates with?

Please select up to three options from the list below.

- Employment Networks.....1
- Vocational Rehabilitation agencies.....2
- Work Incentives Planning and Assistance projects.....3
- Other service providers.....4
- Local SSA officers.....5
- Other service providers.....6
- Educational institutions.....7
- Parent groups.....8
- Other groups or organizations.....9
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

A18. Does your P&A agency offer services to clients in any of the following alternative formats or languages, including through interpreters or other third-party services?

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 ALLOW "0" AND OTHER RESPONSES (1 OR 2)

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 potential PABSS clients (i.e., clients served under PABSS funding). The information you provide will help the researchers and SSA better understand this process from the perspective of PABSS projects across the country.

m Continue..... 1

Source: NEW

ALL CONSENTING (A1=1)

B1. Does your P&A agency have a wait list specific to PABSS-funded services?

m Yes..... 1

m No..... 0 GO TO B5

NO RESPONSE..... M GO TO B5

SOFT CHECK: IF B1=NO RESPONSE; Many P&A agencies have wait lists for services. Your answer to this question will help us know which questions to ask so that SSA and researchers can learn more about wait lists for services at P&A agencies.

Source: NEW

ALL CONSENTING AND HAVE A PABSS-SPECIFIC WAIT LIST (A1=1 AND B1=1)

B2. How long are clients typically on this PABSS-specific wait list?

TYPICAL DURATION ON THIS WAITLIST

DAYS / MONTHS / YEARS

NO RESPONSE..... M

PROGRAMMER:

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

Source: NEW

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS
Funding

ALL CONSENTING AND HAS PABSS-SPECIFIC WAITLIST (A1=1 AND B1=1)

B3. How many clients are typically on the wait list for PABSS-funded services?

Number of clients

NO RESPONSE.....M

Source: NEW

ALL CONSENTING AND HAVE PABSS-SPECIFIC WAIT LIST (A1=1 AND B1=1)

B4. Have wait times for PABSS services 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)

B5. Are there any Social Security disability beneficiaries that request services from your P&A agency that you are not able to serve under the PABSS program?

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

m Yes.....1

m No.....0 GO TO B7

NO RESPONSE.....M GO TO B7

Source: NEW

ALL CONSENTING WITH BENES THEY ARE NOT ABLE TO SERVE (A1=1 AND B5 =1)

B6. For what reason(s) is your P&A agency not able to serve Social Security disability beneficiaries under the PABSS program?

Select all that apply

- Potential client **is not** a Social Security disability beneficiary, and therefore not eligible for PABSS services..... 1
- Potential client **is** a Social Security disability beneficiary, but client issue fits better under other funding stream..... 2
- Potential client issue does not align with your P&A agency’s expertise or priorities..... 3
- P&A agency has the expertise but lacks staff capacity..... 4
- Other reason not listed above..... 5
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING (A1=1)

B7. Where do staff typically refer Social Security disability beneficiaries eligible for the PABSS program who need services that your P&A agency does not offer?

Please focus only on clients who receive Social Security disability benefits when answering this question.

Select all that apply.

- Employment Networks..... 1
- Work Incentives Planning and Assistance projects..... 2
- SSA’s Ticket to Work Beneficiary Helpline..... 3
- SSA’s National 1-800 number (also known as the Teleservice Center) 4
- Vocational Rehabilitation agencies..... 5
- Other place(s), not listed above..... 99
- NO RESPONSE..... M

Source: NEW

ALL CONSENTING WHO REFER TO OTHER ORGANIZATIONS NOT LISTED (A1=1 AND B7_99=1)

B8. What other place(s) do staff typically refer Social Security disability beneficiaries eligible for the PABSS program who need services that your P&A agency does not offer?

Please focus only on clients who receive Social Security disability benefits when answering this question.

OTHER PLACES OUR STAFF REFER TO
(STRING 100)

NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

B9. Does your P&A agencies engage in any systemic advocacy as part of the PABSS program?

- Yes.....1
- No.....0 GO TO C1
- NO RESPONSE.....M GO TO C1

Source: NEW

ALL CONSENTING THAT ENGAGE IN SYSTEMATIC ADVOCACY (A1=1 AND B9=1)

B10. Which of the following systemic advocacy activities does your P&A agency engage in as part of the PABSS program?

Select all that apply

- Providing information and technical assistance to employers or service providers..... 1
- Addressing systemic barriers (e.g., eliminating the use of subminimum wage employment)..... 2
- Promoting changes in practices, policies, rules, or regulations that improve opportunities for people with disabilities.....3
- Other systemic advocacy activity, not listed above.....4
- NO RESPONSE.....M

Source: NEW

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS Funding

ALL CONSENTING EN (A1=1 AND ORG_TYPE=1)

B11. Other than increasing funding, what are the most important changes SSA could make to help PABSS agencies 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: CREATE OPEN-ENDED TEXT BOX ON SCREEN. ALLOW FOR UP TO 1,000 CHARACTERS

Source: NEW

Section C. Providing Services to beneficiaries

ALL CONSENTING (A1=1)

C_Intro.

The next set of questions are about the services your P&A agency provides to PABSS clients (i.e., clients whose services are funded by the PABSS program). Your answers to these questions help the researchers and SSA better understand the service delivery experiences of PABSS programs across the country.

m Continue.....1

Source: NEW

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS Funding

ALL CONSENTING (A1=1)

C1. What share of PABSS clients served by your P&A agency receive the following services from your agency? PABSS clients refer to clients whose services are funded by the PABSS program.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Few receive	Some receive	Many receive	Nearly all receive	Not applicable / None receive
a. Information and referral services	1 m	2 m	3 m	4 m	5 m
b. Benefits counseling	1 m	2 m	3 m	4 m	5 m
c. Assistance with overpayments from SSA	1 m	2 m	3 m	4 m	5 m
d. Assistance with reporting wages to SSA	1 m	2 m	3 m	4 m	5 m
e. Assistance with allowed SSA work-related program disputes, <u>excluding</u> overpayments	1 m	2 m	3 m	4 m	5 m
f. Addressing issues with employers and service providers	1 m	2 m	3 m	4 m	5 m
g. Assistance with employers and employment rights issues	1 m	2 m	3 m	4 m	5 m
h. Addressing issues with Vocational Rehabilitation agencies	1 m	2 m	3 m	4 m	5 m
i. Addressing issues with Employment Networks	1 m	2 m	3 m	4 m	5 m
j. Addressing issues with Work Incentives Planning and Assistance (WIPA) projects	1 m	2 m	3 m	4 m	5 m
k. Addressing issues with other service providers	1 m	2 m	3 m	4 m	5 m

SOFT CHECK: IF C1a – C1k=NO RESPONSE; Your answer to this question will help SSA and researchers learn more about the services clients receive under PABSS funding at P&A agencies. There are no right and wrong answers.

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM C1a-C1k.

Source: APOR, 17 – rev

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS Funding

ALL CONSENTING (A1=1)

C2. What share of PABSS clients served by your P&A agency receive the following other services?

PABSS clients refer to clients whose services are funded by the PABSS program.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Few receive	Some receive	Many receive	Nearly all receive	Not applicable / None receive
a. Addressing issues with employment supports that do not relate to Employment Networks, employers, or employment rights	1 m	2 m	3 m	4 m	5 m
b. Addressing issues with housing	1 m	2 m	3 m	4 m	5 m
c. Addressing issues with transportation	1 m	2 m	3 m	4 m	5 m
d. Addressing issues related to youth and education	1 m	2 m	3 m	4 m	5 m
e. Addressing issues with health insurance or health care	1 m	2 m	3 m	4 m	5 m

SOFT CHECK: IF C1a – C1e=NO RESPONSE; Your answer to this question will help SSA and researchers learn more about the services clients receive under PABSS funding at P&A agencies. There are no right and wrong answers.

Source: APOR, 17 – rev

ALL CONSENTING (A1=1)

C3. Some P&A agencies deliver services in-person, some deliver services remotely, and some use a mix of approaches.

Does your P&A agency offer any PABSS-funded services to clients remotely?

Please consider all PABSS funded services when answering this question, including information and referral, legal advocacy, or those related to litigation. 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 C5
- NO RESPONSE.....M GO TO C5

Source: NEW

ALL CONSENTING THAT OFFER REMOTE SERVICES (A1=1 AND C3=1)

C4. What share of PABSS clients does your P&A agency serve in-person versus remotely?

PABSS clients refer to clients whose services are funded by the PABSS program.

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

Source: NEW

ALL CONSENTING (A1=1)

C5. What statement best describes the current staffing level and capacity to provide timely and quality services to PABSS clients at your P&A agency?

PABSS clients refers to clients served under the PABSS program.

Select one only

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

Source: CSAVR, Pg. 1, REV

ALL CONSENTING (A1=1)

C6. How challenging are each of the following service delivery issues for the PABSS program at your P&A agency?

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Clients' ability to access PABSS services (whether via distance or in person)	1 m	2 m	3 m	4 m
b. Clients' responsiveness to contacts from PABSS program staff	1 m	2 m	3 m	4 m
c. Effectiveness of case management software or other management information system for service delivery	1 m	2 m	3 m	4 m
d. Understanding and effectively navigating SSA work support provisions	1 m	2 m	3 m	4 m

PROGRAMMER: CODE ONE PER ROW

SOFT CHECK: IF C6a or C6b=NO RESPONSE; All P&A agencies encounter challenges. Your answer to this question helps the researchers and SSA learn about your P&A agency's experiences with the PABSS program.

Source: REO, D5, REV

ALL CONSENTING (A1=1)

C7. From which of the following sources do PABSS service providers seek help if they need assistance with understanding or supporting beneficiaries in effectively navigating SSA work support provisions?

Select all that apply

- Work Incentives and Planning Assistance projects.....1
- Vocational Rehabilitation agencies.....2
- Employment Networks.....2
- An SSA project officer.....2
- The Ticket-to-Work Beneficiary Help Line.....3
- SSA's National 1-800 number (also known as the Teleservice Center).....4
- Area Work Incentives Coordinators.....4
- Local SSA Field office.....4
- Other.....5
- We do not need assistance from external sources.....6
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING (A1=1)

C8. How challenging are each of the following staffing issues for the PABSS program at your P&A agency

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. Time for staff to pass SSA suitability assessment	1 m	2 m	3 m	4 m
d. Staff availability	1 m	2 m	3 m	4 m
e. Staff who require accommodations that our organization cannot provide	1 m	2 m	3 m	4 m
f. Staff unsatisfied with compensation	1 m	2 m	3 m	4 m

PROGRAMMER: CODE ONE PER ROW

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM C8a-C8f.

Source: REO, D5, REV

ALL CONSENTING (A1=1)

C9. How challenging are each of the following issues for the PABSS program at your P&A agency?

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Engaging and retaining partnerships with other provider agencies	1 m	2 m	3 m	4 m
b. Educating employers about providing reasonable accommodations for employees	1 m	2 m	3 m	4 m

PROGRAMMER: CODE ONE PER ROW

Source: REO, D5, REV

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS
Funding

ALL CONSENTING (A1=1)

C10. How challenging is the process for referring PABSS clients to other Ticket Act program providers?

Other ticket act providers include Employment Networks (ENs), Work Incentives Planning and Assistance (WIPA) projects, or Vocational Rehabilitation (VR) agencies.

Select one only

- m Not at all challenging 1
- m Somewhat challenging 2
- m Very challenging 3
- m Not applicable 4
- NO RESPONSE..... M

Source: REO, D5, REV

ALL CONSENTING (A1=1)

C11. How challenging are each of the following administrative issues for the PABSS program at your P&A agency?

Select one per row

	Not challenging at all	Somewhat challenging	Very challenging	Not applicable
a. Tracking PABSS clients' data for program performance reports	1 m	2 m	3 m	4 m
b. Meeting federal systems and security requirements (e.g., FedRAMP)	1 m	2 m	3 m	4 m
c. Lack of or limited financial resources for your P&A agency	1 m	2 m	3 m	4 m
d. Lack of or limited nonfinancial resources (such as space or equipment) for your P&A agency	1 m	2 m	3 m	4 m

PROGRAMMER: CODE ONE PER ROW

Source: REO, D5, REV

ALL CONSENTING (A1=1)

C12. We have asked about challenges related to PABSS client engagement, staffing (including suitability clearance), partners and employers and service delivery that your PABSS program may have experienced.

Are there any other recent or ongoing challenges the PABSS program at your P&A agency has experienced?

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

Source: REO, D5, REV

ALL CONSENTING REPORTING OTHER CHALLENGES (A1=1 AND C11=1)

C13. Please briefly describe the other challenges your PABSS program has experienced that you think the Social Security Administration should know about.

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

OTHER CHALLENGES EXPERIENCED (STRING 1000)

- 1 m No other challenges
- NO RESPONSE.....M

Source: NEW

ALL CONSENTING EN (A1=1 AND ORG_TYPE=1)

C14. 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

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS
Funding

PROGRAMMER: CREATE OPEN-ENDED TEXT BOX ON SCREEN. ALLOW FOR UP TO 1,000
CHARACTERS

Source: NEW

Section D. Influence of Services on Beneficiaries

ALL CONSENTING (A1=1)

D_Intro.

Questions in this section ask about the ways that PABSS program services affect the lives of the people receiving those services. There are no right or wrong answers. The information provided will help the researchers and SSA better understand services delivered to PABSS clients across the country.

m Continue.....1

Source: NEW

ALL CONSENTING AND PROVIDES REMOTE SERVICES (A1=1 AND C3=1)

D1. When thinking of the average PABSS client, are remote services and in-person services equally effective in helping these clients achieve their goals?

Select one only

- m In-person services are more effective than remote services.....1
- m Remote services are more effective than in-person services.....2
- m A combination of in-person and remote services is most effective.....3
- m There is no difference in effectiveness between remote and in-person services.....4
- NO RESPONSE.....M

Source: NEW

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS Funding

ALL CONSENTING (A1=1)

D2. How helpful are the following services provided by your PABSS program at reducing barriers to employment for PABSS clients?

For each service, please select the response that best describes how helpful the service is reducing barriers.

Select one per row

	Not at all helpful	Somewhat unhelpful	Neither helpful nor unhelpful	Somewhat helpful	Extremely helpful	Not applicable
a. Providing information and referral services to clients	1 m	2 m	3 m	4 m	5 m	6 m
b. Providing benefits counseling to clients	1 m	2 m	3 m	4 m	5 m	6 m
c. Assisting clients with overpayments from SSA	1 m	2 m	3 m	4 m	5 m	6 m
d. Assisting clients with reporting wages to SSA	1 m	2 m	3 m	4 m	5 m	6 m
e. Assisting clients with allowed SSA work-related program disputes, <u>excluding</u> overpayments	1 m	2 m	3 m	4 m	5 m	6 m
f. Addressing issues with employers and service providers	1 m	2 m	3 m	4 m	5 m	6 m
g. Assisting clients with employers and employment rights issues	1 m	2 m	3 m	4 m	5 m	6 m
h. Addressing issues with Vocational Rehabilitation agencies	1 m	2 m	3 m	4 m	5 m	6 m
i. Addressing issues with Employment Networks	1 m	2 m	3 m	4 m	5 m	6 m
j. Addressing issues with Work Incentives Planning and Assistance (WIPA) projects	1 m	2 m	3 m	4 m	5 m	6 m
k. Addressing issues with other service providers	1 m	2 m	3 m	4 m	5 m	6 m

SOFT CHECK: IF ANY ITEM D2a-D2k=NO RESPONSE; Your answer to this question helps us learn more about the way PABSS services help beneficiaries achieve the goals of the Ticket Act. Each organization's experience is unique - there are no right or wrong answers.

PROGRAMMER: CODE ONE PER ROW

PROGRAMMER: RANDOMIZE THE SEQUENCE OF THE RESPONSE OPTIONS IN ITEM D2a-D2k.

Source: NEW

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS Funding

ALL CONSENTING (A1=1)

D3. How helpful are the following other services provided by your PABSS program at reducing barriers to employment for PABSS clients?

For each service, please select the response that best describes how helpful the service is reducing barriers.

PROGRAMMER: CODE ONE PER ROW

	<i>Select one per row</i>					
	Not at all helpful	Somewhat unhelpful	Neither helpful nor unhelpful	Somewhat helpful	Extremely helpful	Not applicable
a. Addressing issues with employment supports that do not relate to Employment Networks, employers, or employment rights	1 m	2 m	3 m	4 m	5 m	6 m
b. Addressing issues with housing	1 m	2 m	3 m	4 m	5 m	6 m
c. Addressing issues with transportation	1 m	2 m	3 m	4 m	5 m	6 m
d. Addressing issues related to youth and education	1 m	2 m	3 m	4 m	5 m	6 m
e. Addressing issues with health insurance or health care	1 m	2 m	3 m	4 m	5 m	6 m

SOFT CHECK: IF ANY ITEM D3a-D3e=NO RESPONSE; Your answer to this question helps us learn more about the way PABSS services help beneficiaries achieve the goals of the Ticket Act. Each organization's experience is unique - there are no right or wrong answers.

Source: NEW

ALL CONSENTING (A1=1) AND ENGAGES IN SYSTEMIC ADVOCACY (B9 = 1)

D4. How helpful are the following systemic advocacy services provided by your PABSS program at reducing barriers to employment for PABSS clients?

For each service, please select the response that best describes how helpful the service is reducing barriers.

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Not at all helpful	Somewhat helpful	Neither helpful nor unhelpful	Somewhat helpful	Extremely helpful	Not applicable
a. Providing information and technical assistance to employers and service providers	1 m	2 m	3 m	4 m	5 m	6 m
b. Addressing systemic issues (e.g., eliminating the use of subminimum wage employment)	1 m	2 m	3 m	4 m	5 m	6 m
c. Promoting changes in practices, policies, rules, or regulations that improve opportunities for people with disabilities	1 m	2 m	3 m	4 m	5 m	6 m

SOFT CHECK: IF ANY ITEM D4a-D4c=NO RESPONSE; Your answer to this question helps us learn more about the way PABSS services help beneficiaries achieve the goals of the Ticket Act. Each organization's experience is unique - there are no right or wrong answers.

Source: NEW

ALL CONSENTING (A1=1)

D5. Other than increasing funding, if SSA could make one change to the PABSS program that would allow the PABSS program at your P&A agency to better serve Social Security disability 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: CREATE OPEN-ENDED TEXT BOX ON SCREEN. ALLOW FOR UP TO 1,000 CHARACTERS

Source: NEW

Attachment A3g: Survey Instrument for the Ticket Act Provider Survey for P&A Agencies Receiving PABSS
Funding

ALL CONSENTING (A1=1)

D6. Is there anything else that we have not already asked about that is important for SSA to understand about the PABSS program?

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

INFORMATION ABOUT THE PABSS PROGRAM
(STRING 1000)

NO RESPONSE..... M

PROGRAMMER NOTE: PLEASE MAKE THE TEXT BOX LARGER AS A VISUAL CUE THAT THEY CAN PROVIDE MORE INFORMATION

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 check 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)

E3. CLOSING SCREEN



Thank you for completing this survey. We appreciate your time and the information you have provided. If you have any questions, please contact Mathematica at XXX-XXX-XXXX.

PROGRAMMER: Please ensure the logo maintains the alt-text provided in the specifications. Please hyperlink the logo to the study website at: www.XXX.SSA.gov.