Comprehensive List of SSA-1374 Data Elements

This table provides a comprehensive list of the data elements in the original version and proposed revised version of the Form SSA-1374 (Ticket Program Agreement [TPA] Change Form) and details the change, if any, by field.

SSA-1374 – Original Version			SSA-1374 – Revised Version			Revision Notes
Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
Title	Employment Network Change Form	N/A	Title	Ticket Program Agreement (TPA) Change Form	N/A	Title revision – Revised to more accurately reflect the form's purpose of requesting TPA changes.
Instructions	PLEASE NOTE: This form should be submitted by the Signatory Authority or the EN Other Contact identified in your EN, directly to the Employment Network Contracts Team (ENCT) by email at ENContracts@ssa.gov or by fax to 410.597.0429. If you have any questions, please contact the ENCT directly by email at ENContracts@ssa.gov.	N/A	Instructions	This form should be submitted by the Signatory Authority or Program Contact directly to the Employment Network Service Team (ENST). ENST can be reached by email at ENService@ssa.gov.	N/A	Instruction revision – Updated submission instructions to direct forms to ENST with new contact details.
Section 1 Instructions	NOTE: New EN employees must undergo the suitability process. Please submit new EN employee information via FAX to the CPSPM Suitability Team at 410.966.1260. The cover page MUST contain the following: Contractor's Name, Contract Number, the Signatory Authority's Name, Contact Information, each Applicant's Full Name, Social Security Number, Date of Birth, and Place of Birth.	N/A	Section 1 Instructions	Fields marked with an asterisk (*) are required. The name of the individual submitting the form should match the individual listed in Section Eight: Additional Information and Signatures and must be either the Signatory Authority or Program Contact. For all other fields, please fill in ONLY information that has changed for your Employment Network (EN).		Instruction revision – Clarified required fields, submitter identity, and specified that only sections with updated or changed information need to be completed.
1	EN Name:	[Open response]	1-1	EN Name:	[Open response]	*No change.*
2	DUNS Number:	[Open response]	1-2	PID Number:	[Open response]	Question revision – Revised to reflect the phase out of the DUNS number and the transitioned to the PID number.
3	Your Name:	[Open response]	1-3	Submitted By:	[Open response]	Question revision – Revised for clarity.
4	Title:	[Open response]	1-4	Title:	[Open response]	*Question numbering change only – no change to question or response options.*
6	Date of Request:	[Open numeric date response]	1-5	Date of Request:	[Open numeric date response]	*Question numbering change only – no change to question or response options.*

SSA-1374 – Original Version			SSA-1374 – Revised Version			Revision Notes
Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
Section 1 Title	Section One	N/A	Section 1 Title	Section One: EN General Information	N/A	Section title revision – Revised to clarify the content and purpose of Section One, ensuring that respondents can easily identify and understand the information included in the section.
			Section 1 Instructions	This section allows you to update general EN information. All banking information can be changed directly on www.sam.gov. There is no need to contact the Social Security Administration or the Ticket Program Manager (TPM). Please ensure that your EN has an active account on www.sam.gov and that the account is updated annually.	N/A	New instructions added – Added guidance on how to update banking information.
2-4a	*Change Ticket to Work Name* Add Name:	[Open response]	1-6	Doing Business As (DBA) Name:	[Open response]	Question revision – Replaced multiple Ticket to Work Name change options with a single DBA Name field for simplicity.
2-4b	*Change Ticket to Work Name* Change Name:	[Open response]				
2-4c	*Change Ticket to Work Name* Delete Name:	[Open response]				
2-4 Instructions	Note: If you are changing your Employment Network Name, Doing Business As (DBA) Name, or EIN and DUNS Number, you must contact ENCT as soon as possible by email at ENContracts@ssa.gov. If you are changing your Ticket to Work Name, which is not part of your organization's official name, please complete the following:	N/A	1-6 Instructions	Note: This is not your official name. To change your EN Name, EIN, or PID Number, contact ENST by email at ENService@ssa.gov.	N/A	Instruction revision – Updated instructions for changing EN Name, EIN, or PID Number and clarified process for non-official names.
			1-7	Service Area:	Single State; Multi-State; National	New question added – Added to capture requested changes to the geographic scope of the EN's service area.
			1-8	For Single State or Multi-State ENs, please specify the state(s) served (using 2-letter state abbreviation):	[Open response]	New question added – Added to capture requested changes to the geographic scope of the EN's service area.
			1-9	If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:	[Open response]	New question added – Added to capture requested changes to the geographic scope of the EN's service area.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			1-10 – 1-12 Instructions	The information below applies to the main organization listing. To add information for a new location or modify or remove information for an existing location, please use Section Six: EN Service Site Locations. If updating mailing, physical, or website addresses for both the organization and a location please fill out the request in both spots.	N/A	New instructions added – Added to clarify how to update EN location-specific information and direct respondents to the correct section for reporting service location changes.
1-1	Update Mailing Address:	[Open response]	1-10	Mailing Address:	[Open response]	Question revision – Revised for clarity.
1-2	Update Physical Address:	[Open response]	1-11	Physical Address:	[Open response]	Question revision – Revised for clarity.
			1-12	Business Website Address:	[Open response]	New question added – Added to obtain EN website information as it is included in their online EN Directory.
Section 2 Title	Section Two	N/A	Section 2 Title	Section Two: Additional EN Information	N/A	Section title revision – Revised to clarify the content and purpose of Section Two, ensuring that respondents can easily identify and understand the information included in the section.
			Section 2 Instructions	This section allows you to update information that will appear in the online EN Directory and you may be contacted by Ticketholders with the impairments listed. If you serve different impairment groups at different locations, please use Section Six: EN Service Site Locations to specify information specific to an individual location.	N/A	New instructions added – Added guidance that information will appear in the EN Directory and how to specify location-specific data.
			2-1	What is your preferred method of providing services?	In-person; Virtually; Both in-person and virtually	New question added – Added to obtain service provision method as it is included in their online EN Directory.
			2-2	Corporate Status:	For Profit: Sole Proprietor; Private Corporation; Limited Liability Corporation; Private Partnership; Other (specify); Non-Profit: Public; Private; Government Entity: State; Local; Tribal	New question added – Added to allow ENs to report changes in corporate status.

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			2-3	Type of Organization: (Select the organization type that best describes your EN)	AbilityOne Program; American Indian Vocational Rehabilitation Agency (AIVR); Center for Independent Living (CIL); Disability Services Representative Organization; Easterseals Industries Organization; Educational Institution; Goodwill Industries Organization; Mental Health Care Provider or Other Healthcare Provider; Project SEARCH Program; State or Local Government Agency (non-SVRA); Workforce Entity (SWA/AJC/WDB); The Arc Chapter; United Cerebral Palsy (UCP) Affiliate; Veterans Services; Other For-Profit Organization (specify); Other Non-Profit Organization (specify)	New question added – Added to allow ENs to report changes in organization type.

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			2-4	What services does your organization provide? (Select all that apply)	Administrative; Benefits counseling; Career planning; Employment; Entrepreneurship or self-employment; Job accommodation; Ongoing employment support/job retention; Special language capability (list); Direct job placement; job placement assistance; Youth in transition; Veterans; Other (specify)	New question added – Added to allow ENs to report changes in services provided.
			2-5	Preferred Impairment Groups Served: Note: Please select all that apply, but limit selections to those impairment groups you are prepared provide with necessary accommodations	Cognitive impairments; Hearing impairments; Physical impairments; Psychiatric impairments; Visual impairments; Other (specify)	New question added – Added to allow ENs to report changes in impairment groups the EN is prepared to serve.
			Section 3 Title	Section Three: EN Contact Information	N/A	Section title added – Added section to capture changes in main points of contact, ensuring that respondents can easily identify and understand the information included in the section.
			Section 3 Instructions	This section allows you to update main points of contact (POC) information. New POC must undergo the suitability process and complete the Service Provider Foundations Training. For more information visit the Suitability section of the Service Provider website at https://yourticket towork.ssa.gov/program-operations/suitability. Contact ENOperations@ssa.gov to complete the Service Provider Foundations Training.	N/A	New instructions added – Added for clarity and as a reminder that EN staff must complete the Suitability process.
			3-1 Instructions	Senior official responsible for the Ticket Program Agreement (TPA)	N/A	New instructions added – Clarified the role of the senior official responsible for the TPA.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
1-3a	*Change Signatory Authority Contact Information* Contact Name:	[Open response]	3-1a	*Update Signatory Authority Contact Information* Name	[Open response]	Question revision – Revised for clarity.
1-3b	*Change Signatory Authority Contact Information* Phone:	[Open response]	3-1b	*Update Signatory Authority Contact Information* Phone	[Open response]	*Question numbering change only – no change to question or response options.*
1-3e	*Change Signatory Authority Contact Information* Toll Free #:	[Open response]	3-1c	*Update Signatory Authority Contact Information* Toll Free	[Open response]	*Question numbering change only – no change to question or response options.*
1-3c	*Change Signatory Authority Contact Information* Fax:	[Open response]	3-1d	*Update Signatory Authority Contact Information* Fax	[Open response]	*Question numbering change only – no change to question or response options.*
1-3d	*Change Signatory Authority Contact Information* TTY:	[Open response]	3-1e	*Update Signatory Authority Contact Information* TTY	[Open response]	*Question numbering change only – no change to question or response options.*
1-3f	*Change Signatory Authority Contact Information* Email:	[Open response]	3-1f	*Update Signatory Authority Contact Information* Email	[Open response]	*Question numbering change only – no change to question or response options.*
1-3g	*Change Signatory Authority Contact Information* Former Contact no longer with the organization	Yes; No	3-1g	*Update Signatory Authority Contact Information* Former Signatory Authority	Former contact is still working with the organization; Former contact is no longer working with the organization (complete Section Four: EN Staff Information)	Question and response options revision – Revised for clarity and to direct respondents to complete Section Four if the former contact is no longer employed.
2-1 Instructions	Beneficiaries will be given this information in order to contact your EN.		3-2 Instructions	Person responsible for managing the day-to-day Ticket to Work (Ticket) program.	N/A	Instruction revision – Clarified the role of the person managing the day-to-day Ticket program.
2-1a	*Change EN Directory Information* Contact Name:	[Open response]	3-2a	*Update Program Contact Information* Name	[Open response]	Question revision – Revised for clarity.
2-1b	*Change EN Directory Information* Phone:	[Open response]	3-2b	*Update Program Contact Information* Phone	[Open response]	*Question numbering change only – no change to question or response options.*
2-1c	*Change EN Directory Information* Toll Free #:	[Open response]	3-2c	*Update Program Contact Information* Toll Free	[Open response]	*Question numbering change only – no change to question or response options.*
2-1d	*Change EN Directory Information* Fax:	[Open response]	3-2d	*Update Program Contact Information* Fax	[Open response]	*Question numbering change only – no change to question or response options.*

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
2-1e	*Change EN Directory Information* TTY:	[Open response]	3-2e	*Update Program Contact Information* TTY	[Open response]	*Question numbering change only – no change to question or response options.*
2-1f	*Change EN Directory Information* Email:	[Open response]	3-2f	*Update Program Contact Information* Email	[Open response]	*Question numbering change only – no change to question or response options.*
2-1g	*Change EN Directory Information* Former Contact no longer with the organization	Yes; No	3-2g	*Update Program Contact Information* Former Program Contact:	Former contact is still working with the organization; Former contact is no longer working with the organization (complete Section Four: EN Staff Information)	Question revision – Revised for clarity and to direct respondents to complete Section Four if the former contact is no longer employed.
			3-3 Instructions	Person designated as Security Officer and Suitability Contact to manage EN suitability updates	N/A	New instructions added – Added a section for updating Suitability Contact information. Specified responsibilities of the Security Officer and Suitability Contact.
			3-3a	*Update Suitability Contact Information* Name	[Open response]	New question added – Added to capture information on the Suitability Contact.
			3-3b	*Update Suitability Contact Information* Phone	[Open response]	New question added – Added to capture information on the Suitability Contact.
			3-3c	*Update Suitability Contact Information* Toll Free	[Open response]	New question added – Added to capture information on the Suitability Contact.
			3-3d	*Update Suitability Contact Information* Fax	[Open response]	New question added – Added to capture information on the Suitability Contact.
			3-3e	*Update Suitability Contact Information* TTY	[Open response]	New question added – Added to capture information on the Suitability Contact.
			3-3f	*Update Suitability Contact Information* Email	[Open response]	New question added – Added to capture information on the Suitability Contact.

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			3-3g	*Update Suitability Contact Information* Former Suitability Contact:	Former contact is still working with the organization; Former contact is no longer working with the organization (complete Section Four: EN Staff Information)	New question added – Added request if former contact is still employed by the EN and to direct respondents to complete Section Four if they are no longer employed.
			3-4 Instructions	Person responsible for Ticket payment inquiries	N/A	New instructions added – Added a section for updating Payments Contact information. Clarified the role of the person responsible for Ticket payment inquiries.
			3-4a	*Update Payments Contact Information* Name	[Open response]	New question added – Added to capture information on the Payments Contact.
			3-4b	*Update Payments Contact Information* Phone	[Open response]	New question added – Added to capture information on the Payments Contact.
			3-4c	*Update Payments Contact Information* Toll Free	[Open response]	New question added – Added to capture information on the Payments Contact.
			3-4d	*Update Payments Contact Information* Fax	[Open response]	New question added – Added to capture information on the Payments Contact.
			3-4e	*Update Payments Contact Information* TTY	[Open response]	New question added – Added to capture information on the Payments Contact.
			3-4f	*Update Payments Contact Information* Email	[Open response]	New question added – Added to capture information on the Payments Contact.
			3-4g	*Update Payments Contact Information* Former Payments Contact:	Former contact is still working with the organization; Former contact is no longer working with the organization (complete Section Four: EN Staff Information)	New question added – Added request if former contact is still employed by the EN and to direct respondents to complete Section Four if they are no longer employed.
2-2 Instructions	EN designated contact to receive notice and statements and follow-up inquiries from the Social Security Administration.		3-5 Instructions	Person responsible for working with Ticketholders regarding the Ticket program	N/A	Instruction revision – Clarified the role of the person working with Ticketholders.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
2-2a	*Change Other EN Contact Information* Contact Name:	[Open response]	3-5a	*Update Ticketholder Contact Information* Name	[Open response]	Question revision – Revised for clarity.
2-2b	*Change Other EN Contact Information* Phone:	[Open response]	3-5b	*Update Ticketholder Contact Information* Phone	[Open response]	*Question numbering change only – no change to question or response options.*
2-2c	*Change Other EN Contact Information* Toll Free #:	[Open response]	3-5c	*Update Ticketholder Contact Information* Toll Free	[Open response]	*Question numbering change only – no change to question or response options.*
2-2d	*Change Other EN Contact Information* Fax:	[Open response]	3-5d	*Update Ticketholder Contact Information* Fax	[Open response]	*Question numbering change only – no change to question or response options.*
2-2e	*Change Other EN Contact Information* TTY:	[Open response]	3-5e	*Update Ticketholder Contact Information* TTY	[Open response]	*Question numbering change only – no change to question or response options.*
2-2f	*Change Other EN Contact Information* Email:	[Open response]	3-5f	*Update Ticketholder Contact Information* Email	[Open response]	*Question numbering change only – no change to question or response options.*
2-2g	*Change Other EN Contact Information* Former Contact no longer with the organization	Yes; No	3-5g	*Update Ticketholder Contact Information* Former Ticketholder Contact:	Former contact is still working with the organization; Former contact is no longer working with the organization (complete Section Four: EN Staff Information)	Question and response options revision – Revised for clarity and to direct respondents to complete Section Four if the former contact is no longer employed.
2-3 Instructions	EN designated contact to receive notice and statements and follow-up inquiries from the Social Security Administration.		3-6 Instructions	Person is listed on the online EN Directory to facilitate Ticketholder contact with your EN	N/A	New instructions added – Clarified the role of the person listed in the online EN Directory.
2-3a	*Change Other EN Contact Information (2)* Contact Name:	[Open response]	3-6a	*Update Directory/Web Contact Information* Name	[Open response]	Question revision – Revised for clarity.
2-3b	*Change Other EN Contact Information (2)* Phone:	[Open response]	3-6b	*Update Directory/Web Contact Information* Phone	[Open response]	*Question numbering change only – no change to question or response options.*
2-3c	*Change Other EN Contact Information (2)* Toll Free #:	[Open response]	3-6c	*Update Directory/Web Contact Information* Toll Free	[Open response]	*Question numbering change only – no change to question or response options.*
2-3d	*Change Other EN Contact Information (2)* Fax:	[Open response]	3-6d	*Update Directory/Web Contact Information* Fax	[Open response]	*Question numbering change only – no change to question or response options.*

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2-3e	*Change Other EN Contact Information (2)* TTY:	[Open response]	3-6e	*Update Directory/Web Contact Information* TTY	[Open response]	*Question numbering change only – no change to question or response options.*
2-3f	*Change Other EN Contact Information (2)* Email:	[Open response]	3-6f	*Update Directory/Web Contact Information* Email	[Open response]	*Question numbering change only – no change to question or response options.*
2-3g	*Change Other EN Contact Information (2)* Former Contact no longer with the organization	Yes; No	3-6g	*Update Directory/Web Contact Information* Former Directory/Web Contact:	Former contact is still working with the organization; Former contact is no longer working with the organization (complete Section Four: EN Staff Information)	Question and response options revision – Revised for clarity and to direct respondents to complete Section Four if the former contact is no longer employed.
			Section 4 Title	Section Four: EN Staff Information	N/A	Section title added – Added section to capture changes in EN employees, ensuring that respondents can easily identify and understand the information included in the section. Previously, this information was only captured informally via email and was not included on any other form. This update formalizes the process and ensures all necessary employee information is collected in a standardized manner.
			Section 4 Instructions	This section allows you to update information for two EN employees. If you need to add, update, or remove more than two employees, please attach a copy of this section to the form for the additional employee(s). New EN employees must undergo the suitability process. For more information visit the Suitability section of the Service Provider website at https://yourticket towork.ssa.gov/program-operations/suitability.	N/A	New instructions added – Added instructions for updating EN employees and to provide suitability guidance.
			4-1	*Update EN Employee Information (1)* I would like to:	Add new employee; Update employee information; Remove an employee	New question added – Added to capture information on the EN employee changes.
			4-1a	*Update EN Employee Information (1)* Start Date (if adding new employee)	[Open numeric date response]	New question added – Added to capture information on the EN employee changes.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			4-1b	*Update EN Employee Information (1)* End Date (if removing employee)	[Open numeric date response]	New question added – Added to capture information on the EN employee changes.
			4-1c	*Update EN Employee Information (1)* Name	[Open response]	New question added – Added to capture information on the EN employees.
			4-1d	*Update EN Employee Information (1)* Job Title	[Open response]	New question added – Added to capture information on the EN employees.
			4-1e	*Update EN Employee Information (1)* Phone	[Open response]	New question added – Added to capture information on the EN employees.
			4-1f	*Update EN Employee Information (1)* Toll Free	[Open response]	New question added – Added to capture information on the EN employees.
			4-1g	*Update EN Employee Information (1)* Fax	[Open response]	New question added – Added to capture information on the EN employees.
			4-1h	*Update EN Employee Information (1)* TTY	[Open response]	New question added – Added to capture information on the EN employees.
			4-1i	*Update EN Employee Information (1)* Email	[Open response]	New question added – Added to capture information on the EN employees.
			4-1j	*Update EN Employee Information (1)* Employee of an Administrative Affiliate	Yes; No	New question added – Added to capture information on the EN employees.
			4-1k	*Update EN Employee Information (1)* If yes, Affiliate Name	[Open response]	New question added – Added to capture information on the EN employees.
			4-2a	*Update EN Employee Information (2)* I would like to:	Add new employee; Update employee information; Remove an employee	New question added – Added to capture information on the EN employee changes.
			4-2b	*Update EN Employee Information (2)* Start Date (if adding new employee)	[Open numeric date response]	New question added – Added to capture information on the EN employee changes.
			4-2c	*Update EN Employee Information (2)* End Date (if removing employee)	[Open numeric date response]	New question added – Added to capture information on the EN employee changes.
			4-2d	*Update EN Employee Information (2)* Name	[Open response]	New question added – Added to capture information on the EN employees.
			4-2e	*Update EN Employee Information (2)* Job Title	[Open response]	New question added – Added to capture information on the EN employees.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			4-2f	*Update EN Employee Information (2)* Phone	[Open response]	New question added – Added to capture information on the EN employees.
			4-2g	*Update EN Employee Information (2)* Toll Free	[Open response]	New question added – Added to capture information on the EN employees.
			4-2h	*Update EN Employee Information (2)* Fax	[Open response]	New question added – Added to capture information on the EN employees.
			4-2i	*Update EN Employee Information (2)* Email	[Open response]	New question added – Added to capture information on the EN employees.
			4-2j	*Update EN Employee Information (2)* Employee of an Administrative Affiliate	Yes; No	New question added – Added to capture information on the EN employees.
			4-2k	*Update EN Employee Information (2)* If yes, Affiliate Name	[Open response]	New question added – Added to capture information on the EN employees.
			Section 5 Title	Section Five: EN Portal Users	N/A	Section title added – Added section to capture changes in EN Portal Users, ensuring that respondents can easily identify and understand the information included in the section. Previously, this information was only captured informally via email and was not included on any other form. This update formalizes the process and ensures all necessary Portal User information is collected in a standardized manner.

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			Section 5 Instructions	This section allows you to update information for two Portal Users. If you need to add or remove more than two Portal Users, please attach a copy of this section to the form for the additional Portal User(s). New EN Portal Users must undergo the suitability process and complete the Service Provider Foundations Training. For more information visit the Suitability section of the Service Provider website at https://yourticket towork.ssa.gov/program-operations/suitability. Contact ENOperations@ssa.gov to complete the Service Provider Foundations Training.	N/A	New instructions added – Added instructions for updating Portal Users and to provide guidance for training.
			5-1a	*Update EN Portal User Information (1)* I would like to:	Add new Portal User; Remove a Portal User	New question added – Added to capture information on the EN Portal User changes.
			5-1b	*Update EN Portal User Information (1)* Name	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-1c	*Update EN Portal User Information (1)* Phone	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-1d	*Update EN Portal User Information (1)* Toll Free	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-1e	*Update EN Portal User Information (1)* Fax	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-1f	*Update EN Portal User Information (1)* TTY	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-1g	*Update EN Portal User Information (1)* Email	[Open response]	New question added – Added to capture information on the EN Portal Users.

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			5-1h	*Update EN Portal User Information (1)* If removing a Portal User:	Former Portal User is still working with the organization; Former Portal User is no longer working with the organization (complete Section Four: EN Staff Information)	New question added – Added request if former Portal User is still employed by the EN and to direct respondents to complete Section Four if they are no longer employed.
			5-2a	*Update EN Portal User Information (2)* I would like to:	Add new Portal User; Remove a Portal User	New question added – Added to capture information on the EN Portal User changes.
			5-2b	*Update EN Portal User Information (2)* Name	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-2c	*Update EN Portal User Information (2)* Phone	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-2d	*Update EN Portal User Information (2)* Toll Free	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-2e	*Update EN Portal User Information (2)* Fax	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-2f	*Update EN Portal User Information (2)* TTY	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-2g	*Update EN Portal User Information (2)* Email	[Open response]	New question added – Added to capture information on the EN Portal Users.
			5-2h	*Update EN Portal User Information (2)* If removing a Portal User:	Former Portal User is still working with the organization; Former Portal User is no longer working with the organization (complete Section Four: EN Staff Information)	New question added – Added request if former Portal User is still employed by the EN and to direct respondents to complete Section Four if they are no longer employed.

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			Section 6 Title	Section Six: EN Service Site Locations	N/A	Section title added – Added section to capture changes in EN service site locations, ensuring that respondents can easily identify and understand the information included in the section. Previously, this information was only captured informally via email and was not included on any other form. This update formalizes the process and ensures all necessary service location information is collected in a standardized manner.
			Section 6 Instructions	This section is for a SINGLE location. If you need to add, update, or delete more than one EN location please attach a copy of this section to the form for each additional location. If updating a location, please only fill out the fields which need to be updated for that location.	N/A	New instructions added – Added instructions for updating service locations.
			6-1	For the following site location, I would like to:	Add new service site; Update service site information; Remove a service site	New question added – Added to capture information on the EN service location changes.
			6-2	If updating or removing a site location, please provide the physical address currently on file	[Open response]	New question added – Added to confirm the service location being updated or removed.
			6-3	New Physical Address	[Open response]	New question added – Added to capture information on the EN service locations.
			6-4	New Mailing Address	[Open response]	New question added – Added to capture information on the EN service locations.
			6-5	Main Phone Number	[Open response]	New question added – Added to capture information on the EN service locations.
			6-6	Toll Free Number	[Open response]	New question added – Added to capture information on the EN service locations.
			6-7	TTY Number	[Open response]	New question added – Added to capture information on the EN service locations.
			6-8	Fax Number	[Open response]	New question added – Added to capture information on the EN service locations.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			6-9a	Location Contact Name	[Open response]	New question added – Added to capture information on the EN service locations.
			6-9b	Location Contact Phone Number	[Open response]	New question added – Added to capture information on the EN service locations.
			6-9c	Location Contact Email	[Open response]	New question added – Added to capture information on the EN service locations.
			6-10	If your service area is limited to specific counties or ZIP codes, please provide a comma separated list	[Open response]	New question added – Added to capture information on the EN service locations.
			6-11	What languages are spoken at this location?	[Open response]	New question added – Added to capture information on the EN service locations.
			6-12	What services are provided at this location? (Select all that apply)	Administrative; Benefits counseling; Career planning; Employment; Entrepreneurship or self-employment; Job accommodation; Ongoing employment support/job retention; Special language capability (list); Direct job placement; job placement assistance; Youth in transition; Veterans; Other (specify)	New question added – Added to capture information on the EN service locations.
			6-13	Preferred Impairment Groups Served	Cognitive impairments; Hearing impairments; Physical impairments; Psychiatric impairments; Visual impairments; Other (specify)	New question added – Added to capture information on the EN service locations.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			Section 7 Title	Section Seven: Administrative EN Affiliates	N/A	Section title added – Added section to capture changes in Administrative EN affiliates, ensuring that respondents can easily identify and understand the information included in the section. Previously, this information was only captured informally via email and was not included on any other form. This update formalizes the process and ensures all necessary affiliate information is collected in a standardized manner.
			Section 7 Instructions	This section is only for Administrative ENs and is for a SINGLE affiliate. If you need to add, update, or remove more than one affiliate please attach a copy of this section to the form for each additional affiliate. If updating affiliate information, please only fill out the fields which need to be updated for that affiliate.	N/A	New instructions added – Added instructions for updating affiliates of Administrative ENs.
			7-1	I would like to:	Add new Affiliate; Up[Open numeric date response] Update Affiliate information; Remove an Affiliate	New question added – Added to capture information on the Administrative EN affiliate changes.
			7-2	Start Date (if adding new affiliate)	[Open numeric date response]	New question added – Added to capture information on the Administrative EN affiliate changes.
			7-3	End Date (if removing affiliate)	[Open numeric date response]	New question added – Added to capture information on the Administrative EN affiliate changes.
			7-4	Affiliate Name	[Open response]	New question added – Added to capture information on the Administrative EN affiliates.
			7-5	Physical Address	[Open response]	New question added – Added to capture information on the Administrative EN affiliates.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			7-6	Type of Organization: (Select the organization type that best describes the affiliate)	AbilityOne Program; American Indian Vocational Rehabilitation Agency (AIVR); Center for Independent Living (CIL); Disability Services Representative Organization; Easterseals Industries Organization; Educational Institution; Goodwill Industries Organization; Mental Health Care Provider or Other Healthcare Provider; Project SEARCH Program; State or Local Government Agency (non-SVRA); Workforce Entity (SWA/AJC/WDB); The Arc Chapter; United Cerebral Palsy (UCP) Affiliate; Veterans Services; Other For-Profit Organization; Other Non-Profit Organization	New question added – Added to capture information on the Administrative EN affiliates.
			7-7a	Affiliate Contact Name	[Open response]	New question added – Added to capture information on the Administrative EN affiliates.
			7-7b	Affiliate Contact Phone Number	[Open response]	New question added – Added to capture information on the Administrative EN affiliates.
			7-7c	Affiliate Contact Email	[Open response]	New question added – Added to capture information on the Administrative EN affiliates.
			Section 8 Title	Section Eight: Additional Information and Signatures	N/A	Section title added – Added section to capture additional information, ensuring that respondents can easily identify and understand the information included in the section.

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Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
			Section 8 Instructions	Before continuing, please review and ensure that all necessary information is accurate and complete. Use the field below to add information or provide clarification. If the information pertains to a specific field on the form, please specify the page number and field you are referencing.	N/A	New instructions added – Added instructions prompting users to review the information entered in the form and instructions on how to complete 8-1.
			8-1	Additional relevant information regarding updates to your EN TPA	[Open response]	New question added – Added to allow respondents to provide any additional relevant information regarding updates to their TPA.
			8-2 - 8-4 Instructions	This form must be completed and signed by either the Signatory Authority or the Program Contact. By signing this form, you agree that all information provided is accurate and complete to the best of your knowledge. Please submit this form to ENST by email at ENService@ssa.gov. Forms will be processed in a timely manner in the order they are received.	N/A	New instructions added – Clarified signature requirements and submission process.
			8-2	Name:	[Open response]	New question added – Added to clarify individual signing the form.
5	Signature:	[Signature]	8-3	Signature:	[Signature]	*Question numbering change only – no change to question or response options.*
			8-4	Date:	[Open numeric date response]	New question added – Added to clarify the date the individual signed the form.
PRA	Privacy Act Statement	N/A	PRA	Privacy Act Statement	N/A	Updated to reflect the current Privacy Act information.
PRA	Paperwork Reduction Statement	N/A	PRA	Paperwork Reduction Statement	N/A	Updated to reflect the current Paperwork Reduction information and to reflect the current TPM fax number.