Comprehensive List of SSA-1391 Data Elements

This table provides a comprehensive list of the data elements in the original version and proposed revised version of the Form SSA-1391 (Employment Network Payment Request) and details the change, if any, by field.

SSA-1391 – Original Version			SSA-1391 – Revised Version			Revision Notes
Q#	**Question**	**Response Options**	**Q#**	**Question**	**Response Options**	
Title	Employment Network Payment Request Form	N/A	Title	Employment Network Payment Request Form	N/A	*No change.*
Instructions	This form may be used to request Evidentiary Payment Requests (EPRs). To ensure prompt and accurate payment to your Employment Network, please complete the following form and attach any acceptable earnings information required.	N/A	Instructions	This form may be used to request Evidentiary Payment Requests (EPRs). To ensure prompt and accurate payment to your Employment Network, please complete the following form and attach any acceptable earnings information required.	N/A	*No change.*
Heading	Employment Network Information	N/A	Heading	Employment Network Information	N/A	*No change.*
1	EN Organization Name:	[Open response]	1	EN Organization Name:	[Open response]	*No change.*
2	PID Number:	[Open response]	2	PID Number:	[Open response]	*No change.*
3	Is the financial institution and bank account information provided to SAM.GOV current? If no, please contact SAM @ 1-866-606-8220 before submitting this request	Yes; No	3	Is the financial institution and bank account information provided to SAM.GOV current? If no, please contact SAM (https://sam.gov/) before submitting this request	Yes; No	Instructions revision – Updated to reference the SAM.gov website, as the phone number is no longer active.
Heading	Ticketholder Information	N/A	Heading	Ticketholder Information	N/A	*No change.*
4	Ticketholder's Name	[Open response]	4	Ticketholder's Name	[Open response]	*No change.*
5	Ticket Number/Social Security Number	[Open response]	5	Ticket Number/Social Security Number	[Open response]	*No change.*
6	Name of Ticketholder's Employer	[Open response]	6	Name of Ticketholder's Employer	[Open response]	*No change.*
7	Employer's Address	[Open response]	7	Employer's Address (if available)	[Open response]	Question revision – Clarified that the employer's address is only required if available.
8	Payment method for this Ticket Assignment	Outcome Payment Method; Milestone-Outcome Payment Method	8	Payment method for this Ticket Assignment:	Outcome Payment Method; Milestone-Outcome Payment Method	*No change.*
Heading	Phase 1 Milestone Earnings Information	N/A	Heading	Phase 1 Milestone Earnings Information	N/A	*No change.*

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9	Select one option only if requesting a Phase 1 Milestone 1 payment.	Ticketholder achieved Trial Work Level (TWL) earnings during the calendar claim month.; Ticketholder achieved less than TWL but expects to achieve TWL earnings within the next 2 months.	9	Select one option only if requesting a Phase 1 Milestone 1 payment.	Ticketholder achieved Trail Work Level (TWL) earnings during the calendar claim month; Ticketholder achieved less than TWL but expects to achieve TWL earnings within the next 2 months.	*No change.*
Heading	Payment Request Details	N/A	Heading	Payment Request Details	N/A	*No change.*
10	Payment Request Type Evidentiary Payment Request	[Checkbox] [Open response]	10	Evidentiary Payment Request	[Open response]	Question revision – Removed the "Payment Request Type" heading and Evidentiary Payment Request checkbox, as the form is exclusively for evidentiary payment requests.
11	Claim month(s) and year(s) for this payment request	[Open response]	11	Claim month(s) and year(s) for this payment request	[Open response]	*No change.*
12	Proof of Relationship Details	[Open response]	12	Proof of Relationship Details	[Open response]	*No change.*
13	If requesting Phase 1 Milestone 1, 2, or 3, in the table below describe in detail the services provided with the date the services were provided during the Milestone period.	[Table – Milestone Payment; Date of Service; Description of Services]	13	If requesting Phase 1 Milestone 1, 2 or 3, in the table below describe in detail the services provided with the date the services were provided during the Milestone period.	[Table – Milestone Payment; Date of Service; Description of Services]	*No change.*
Heading	Evidentiary Earnings Information	N/A	Heading	Evidentiary Earnings Information	N/A	*No change.*
14	Type of earnings documentation submitted (these items must be included with this form)	Pay Slips; Employer prepared and signed employee earnings statement; The Work Number http://www.theworknumber.com/	14	Type of earnings documentation submitted (these items must be included with this form)	Pay Slips; Employer prepared and signed employee earnings statement; The Work Number (http://www.theworknumber.com/)	*No change.*
Instructions	If submitting a signed Employer Prepared Earnings Statement or The Work Number Request Report, proof of relationship is required.	N/A	Instructions	If submitting a signed Employer Prepared Earnings Statement or The Work Number Request Report, proof of relationship is required.	N/A	*No change.*

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Statement	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.	N/A	Statement	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.	N/A	*No change.*
Heading	Repayment Agreement (signature required)	N/A	Heading	Repayment Agreement (signature required)	N/A	*No change.*
Statement	By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.	N/A	Statement	By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.	N/A	*No change.*
15	Signature	[Signature]	15	Signature:	[Signature]	*No change.*
16	Date	[Open numeric date response]	16	Date:	[Open numeric date response]	*No change.*
Heading	Contact Information for the Employment Network Representative Submitting this Request	N/A	Heading	Contact Information for the Employment Network Representative Submitting this Request	N/A	*No change.*
17	Print Name:	[Open response]	17	Print Name:	[Open response]	*No change.*
18	Phone Number:	[Open response]	18	Phone Number:	[Open response]	*No change.*
19	Fax Number:	[Open response]	19	Fax Number:	[Open response]	*No change.*
20	Email:	[Open response]	20	Email:	[Open response]	*No change.*
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.