SOCIAL SECURITY ADMINISTRATION

Form Pending Approval
OMB No. 0960-0644

Progress Review Form

Ticketholder Name:	SSN:
Provider:	Date:

INSTRUCTIONS: Please inform us of your progress during the timeframe shown below by completing one of the boxes in Sections A-E below. Check "Yes" or "No" and provide information on your progress with work and earnings, education, or technical training when appropriate, to indicate if you have met the 12-Month Progress Review requirements. Then sign, date, and return this form to TICKET TO WORK using the enclosed postage paid envelope or by fax at 703-893-4020. It is important that you respond within 30 days of the date on this form. You may retain a copy of this form for your records.

12-Month Progress Review Requirements

Between _____ and _____

A. I worked 3 out of 12 months with earnings at or above $1,210 in each month (the Trial Work Level for 2026).

☐ Yes ☐ No

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

B. I obtained a GED or High School Diploma

☐ Yes ☐ No

Name of Certifying Agency: _____

Agency Address: _____

Date GED or Diploma Earned: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

C. I completed 60% of a full-time course load for a full academic year in a degree or certification college program.

☐ Yes ☐ No

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

D. I completed 60% of a full-time course load for an academic year in a Technical, Trade, or Vocational program.

☐ Yes ☐ No

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

If Yes, STOP here. Sign and date this form and mail or fax back to us.

OR

E. I completed a combination of earnings PLUS some college degree or certification credits or technical, trade, or vocational program credits that together equals or exceeds 100%.

☐ Yes ☐ No

During this period I earned $ _____

AND

I completed some credits in a degree or college certification program or in a technical, trade, or vocational program

School Name: _____

School Address: _____

Credits Completed: _____ # Credits for full course load: _____

Date Completed: _____

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.

I understand that if I make, or cause to be made, a representation which I know is false concerning the requirements of the Ticket to Work and Self-Sufficiency program, I could be punished by fine, or imprisonment or both.

Ticketholder Signature:	Date:

Return this form to TICKET TO WORK within 30 days using the enclosed postage-paid envelope or by fax at 703-893-4020.

Privacy Act Statement
Collection and Use of Personal Information

Section 1148 of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent your successful participation in the Ticket to Work Program.

We will use the information to monitor your progress in the Ticket to Work and Self-Sufficiency Program. We may also share your information for the following purposes, called routine uses:

- Disclosure to contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs; and
- Information may be disclosed to state or employment networks having an approved business arrangement with the Social Security Administration (SSA) to perform vocational rehabilitation services for SSA disability beneficiaries and recipients.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0295, entitled Ticket-to-Work and Self-Sufficiency Program Payment Database, as published in the Federal Register (FR) on April 4, 2001, at 66 FR 17985 and 60-0300, entitled

Ticket-to-Work Program Manager Management Information System, as published in the FR on June 15, 2001, at 66 FR 32656. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO: TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313, OR FAX TO 703-893-4020.** You may send comments on our time estimate above to: SSA, 6401Security Blvd, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*