Ticket to Work Program
INDIVIDUAL WORK PLAN (IWP)

Part A: Employment Network (EN) and Ticketholder Contact Information

1. EN Name:

PID:

Administrative EN Affiliate Name (if applicable):

EN Address:

EN Telephone:

EN Email:

Business Model (select one service model): ◯ Traditional ◯ Administrative

2. Ticketholder's Name:

SSN:

Address:

Telephone:

Email:

3. Ticketholder's Alternate Contact (Optional)

Name:

Relationship to Ticketholder:

Address:

Telephone:

Email:

Part B: Employment Plan

Section 1: Ticketholder's Individualized Employment Goals and Experience

A. Goal:

Describe the Ticketholder's Individualized Employment Goal – Goal Must Be: Specific, Measurable, Attainable, Relevant, Time-based and Developed Collaboratively with Ticketholder.

B. Experience:

Does the Ticketholder have any experience relative to the achievement of their individualized employment goal in Part B Section 2.A above (e.g. previous employment, education, volunteer activities, hobbies, etc.)?

◯ Yes ◯ No

If Yes, please explain:

Section 2: EN Services and Supports

A. Initial Job Acquisition Services and Supports:
Check all that apply. For each service and support selected, provide a detailed description of the specific assistance the EN will provide to the Ticketholder, including examples, during the Initial Job Acquisition Phase.

☐ Benefits Counseling (Provided by an SSA-approved Benefits Counselor)

☐ Career Planning

☐ Job Placement

☐ Job Accommodations

☐ Job Coaching

☐ Job Preparation

☐ Mandatory Individualized Contact with the Ticketholder

☐ Training

☐ Other (specify)

B. Ongoing Employment Services and Supports:

Check all that apply. For each service and support selected, provide a detailed description of the specific assistance the EN will provide to the Ticketholder, including examples, during the Ongoing Support Phase.

☐ Career Advancement Counseling

☐ Job Stabilization and Retention

☐ Mandatory Individualized Contact with Ticketholder

☐ Other (specify)

C. Will the EN or the Administrative EN Affiliate (if applicable) directly provide all the supports and services in Part B Sections 2.A and 2.B above?

◯ Yes ◯ No

If "No", list the name of the organization(s), the name(s) of direct provider(s), and the services they will deliver to the Ticketholder.

Organization	Direct Provider(s) Name	Service(s) Provided

Part C: Discussion Documentation

1. Date of Discussion: ☐
2. Discussion Modality: ☐ In-Person: ☐ Telephone ☐ Virtual
   ☐ Other (Explain): ☐
3. Name of EN Interviewer: ☐
4. Position of EN Interviewer: ☐

Part D: IWP Terms and Conditions

The following terms and conditions apply to the EN and the Ticketholder:

1. The EN and the Ticketholder shall inform one another immediately of any changes in the contact information shown in Part A above.

2. The Ticketholder shall report all earnings to the EN and to Social Security: (a) For SSDI and SSI, the Ticketholder shall report earnings via your mySocialSecurity account or to your local Field Office, (b) SSI only, you can additionally report via the SSA Mobile Wage Reporting App or Telephone Wage Reporting. You might not have to report your wages every month to SSA if they are received through Payroll Information Exchange (PIE). To learn more, visit: www.ssa.gov/ssi/spotlights/spotpie.htm and www.ssa.gov/ssi/spotlights/spot-reporting-earnings.htm.

3. The Ticketholder may authorize the EN to contact employers on the Ticketholder's behalf, as necessary, to verify or obtain evidence of the Ticketholder's work and earnings.

4. The EN may not request or accept any payment or compensation from the Ticketholder for services and supports provided to the Ticketholder under the IWP.

5. The EN shall use only qualified employees or providers who passed the required Suitability Clearance to provide services and supports to the Ticketholder.

6. The EN shall explain to the Ticketholder their SSA approved dispute resolution process.

7. The EN shall inform the Ticketholder of the availability of, and contact information for, free protection and advocacy services under the Protection and Advocacy for Beneficiaries of Social Security program.

8. The EN shall inform the Ticketholder of annual Timely Progress Reviews (TPR) performed by Social Security to assess the Ticketholder's work progress and explain to the Ticketholder the TPR guidelines.

9. The EN shall keep private and confidential the Ticketholder's personal information, including their Social Security Number and disability, and shall maintain all private and confidential information in a secure area.

10. The EN shall provide the Ticketholder with a copy of the completed IWP, as well as any subsequent changes to the IWP, in the Ticketholder's preferred format.

11. Both the Ticketholder and the EN must agree to any change to the IWP. All changes to the IWP must be in writing and supported by evidence of mutual consent.

12. The EN shall provide the Ticketholder with a copy of their EN file (including their IWP) upon request.

13. Either the Ticketholder or the EN may choose unilaterally to unassign the Ticket at any time by notifying the other in writing, at a minimum, thereby terminating the Ticketholder EN relationship established by the IWP. Additionally, if the Ticketholder chooses to unassign their Ticket, they shall inform the Ticket Program Manager (TPM); If the EN chooses to unassign the Ticket, they shall do so in the EN Portal.

14. Upon approval of the IWP by both the Ticketholder and the EN, the Ticketholder acknowledges assignment of their Ticket to the EN and the EN acknowledges acceptance of that Ticket.

15. Upon request, the EN must provide TPM and/or SSA with a copy of the Ticketholder's IWP.

16. Are there any other terms and conditions relating to the implementation and administration of this IWP?

◯ Yes ◯ No

If "Yes," list additional terms and conditions:

I choose to participate in the Ticket to Work Program with the Employment Network (EN) named in Part A.1 of this document. I understand that my EN will provide me employment support to help me find a job, increase my earnings, and reduce my reliance on cash benefits. I have read and understand the requirements, obligations, terms, and conditions expressed in this IWP. 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.

If Ticketholder is not legally able to sign this form, a legal representative must sign below on their behalf and provide documentation proving their authority to act for the Ticketholder.

Ticketholder's Signature: Date:

*Legal Representative Name:

*Legal Representative Signature: Date:

EN Interviewer Name:

EN Interviewer Signature: Date: