# Employment Network (EN) Certification of Services (COS) Statement

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|---|---|
| EN Name: | PID Number: |
| Ticketholder Name: | Ticketholder SSN: |
| Ticketholder Telephone: | Ticketholder Email: |
| Ticketholder Address: | |
| Ticket Assignment Date: | Ticket Unassignment Date (if applicable): |

## Individual Work Plan (IWP) Addendum: Statement of Services

Please list all services that your EN provided (include date) to the Ticketholder to date. These services are those agreed upon in the IWP to help the Ticketholder reach and sustain his or her long-term employment goals since both parties signed the IWP.

Social Security may verify the information above with the Ticketholder.

Did you attempt to contact the Ticketholder at least quarterly?

☐ Yes Dates of contact:

☐ No

By signing below, the EN affirms having provided the services above to the Ticketholder.

EN Representative's Name

| EN Representative's Signature | Date: |
| --- | --- |
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## 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 us from assigning your ticket to your selected service provider.

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 the Social Security Administration (SSA) in the efficient administration of its programs; and

- Information may be disclosed to state or employment networks having an approved business arrangement with 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.

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**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, Attn: Ticket Assignment, PO BOX 1433, ALEXANDRIA, VA 22313**
**OR FAX TO 703-893-4020.**

You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. ***Send only comments relating to our time estimate to this address, not the completed form.***