Ticket Program Agreement (TPA) Change Form

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.

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).

EN Name: *

PID Number: *

Submitted By: *

Title: *

Date of Request: *

Section One: EN General Information

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.

Doing Business As (DBA) Name:

Note: *This is not your official name. To change your EN Name, EIN, or PID Number, contact ENST by email at ENService@ssa.gov.*

Service Area

Service Area: ☐ Single State ☐ Multi-State ☐ National

For Single State or Multi-State ENs, please specify the state(s) served (using 2-letter state abbreviation):

If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:
Note: *Please separate list of counties by state.*

Section One: EN General Information (Continued)

Basic Directory Information

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.

Mailing Address:

Physical Address:

Business Website Address:

Section Two: Additional EN Information

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.

What is your preferred method of providing services?

- ☐ In-person
- ☐ Virtually
- ☐ Both in-person and virtually

Corporate Status:

- ☐ For Profit
  - ◯ Sole Proprietor ◯ Private Corporation ◯ Limited Liability Corporation
  - ◯ Private Partnership ◯ Other (please specify):
- ☐ Non-Profit
  - ◯ Public ◯ Private
- ☐ Government Entity
  - ◯ State ◯ Local ◯ Tribal

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 – General
- ☐ Goodwill Industries Organization
- ☐ Mental Health Care Provider or Other Healthcare Provider
- ☐ Project SEARCH Program
- ☐ State or Local Government Agency (non-SVRA)
- ☐ Workforce Entity (State Workforce Agency (SWA)/ American Job Center (AJC)/ Workforce Development Board (WDB))
- ☐ The Arc Chapter
- ☐ United Cerebral Palsy (UCP) Affiliate
- ☐ Veterans Services
- ☐ Other For-Profit Organization (please specify):
- ☐ Other Non-Profit Organization (please specify):

Section Two: Additional EN Information (Continued)

What services does your organization provide? *(Please select all that apply)*

- ☐ Administrative, i.e., serve an EN of record for a network of affiliate service providers
- ☐ Benefits counseling
- ☐ Career planning
- ☐ Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer's agent
- ☐ Entrepreneurship or self-employment
- ☐ Job accommodations
- ☐ Ongoing employment support/job retention
- ☐ Special language capability (including Braille services and sign language)
  Please list:
- ☐ Direct job placement
- ☐ Job placement assistance
- ☐ Youth in transition
- ☐ Veterans
- ☐ Other (please specify):

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 (e.g., mental retardation, Down's Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD))
- ☐ Hearing impairments
- ☐ Physical impairments
- ☐ Psychiatric impairments (e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders))
- ☐ Visual impairments
- ☐ Other (please specify):

Section Three: EN Contact Information

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://yourtickettowork.ssa.gov/program-operations/suitability. Contact ENOperations@ssa.gov to complete the Service Provider Foundations Training.

Update Signatory Authority Contact Information

Senior official responsible for the Ticket Program Agreement (TPA)

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Update Program Contact Information

Person responsible for managing the day-to-day Ticket to Work (Ticket) program

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Update Suitability Contact Information:

Person designated as Security Officer and Suitability Contact to manage EN suitability updates

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Section Three: EN Contact Information (Continued)

Update Payments Contact Information:

Person responsible for Ticket payment inquiries

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Update Ticketholder Contact Information:

Person responsible for working with Ticketholders regarding the Ticket program

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Update Directory/Web Contact Information:

Person is listed on the online EN Directory to facilitate Ticketholder contact with your EN

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Section Four: EN Staff Information

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://yourtickettowork.ssa.gov/program-operations/suitability.

Update EN Employee Information (1)

I would like to:

☐ Add new employee Start Date:

☐ Update employee information

☐ Remove an employee End Date:

Employee Information:

Name:

Job Title:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

☐ **Employee of an Administrative Affiliate** **If yes, Affiliate Name:**

Update EN Employee Information (2)

I would like to:

☐ Add new employee Start Date:

☐ Update employee information

☐ Remove an employee End Date:

Employee Information:

Name:

Job Title:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

☐ **Employee of an Administrative Affiliate** **If yes, Affiliate Name:**

Section Five: EN Portal Users

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://yourtickettowork.ssa.gov/program-operations/suitability. Contact ENOperations@ssa.gov to complete the Service Provider Foundations Training.

Update EN Portal User Information (1)

I would like to:

☐ Add new Portal User

☐ Remove a Portal User

Portal User Information:

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Update EN Portal User Information (2)

I would like to:

☐ Add new Portal User

☐ Remove a Portal User

Portal User Information:

Name:

Phone: **Toll Free:**

Fax: **TTY:**

Email:

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)

Section Six: EN Service Site Locations

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.

For the following site location, I would like to:

- ☐ Add new service site
- ☐ Update service site information
- ☐ Remove a service site

If updating or removing a site location, please provide the physical address currently on file in the field below:

New Physical Address:

New Mailing Address:

Main Phone Number:

Toll Free Number:

TTY Number:

Fax Number:

Location Contact

Name:

Phone Number:

Email:

If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:
Note: *Please separate list of counties by state.*

Section Six: EN Service Site Locations (Continued)

What languages are spoken at this location?

What services are provided at this location? *(Please select all that apply)*

- ☐ Administrative, i.e., serve an EN of record for a network of affiliate service providers
- ☐ Benefits counseling
- ☐ Career planning
- ☐ Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer's agent
- ☐ Entrepreneurship or self-employment
- ☐ Job accommodations
- ☐ Ongoing employment support/job retention
- ☐ Special language capability (including Braille services and sign language)
  Please list:
- ☐ Direct job placement
- ☐ Job placement assistance
- ☐ Youth in transition
- ☐ Veterans
- ☐ Other (please specify):

Preferred Impairment Groups Served:

Note: *Please select all that apply, but limit selections to those impairment groups you are prepared provide at this location with necessary accommodations.*

- ☐ Cognitive impairments (e.g., mental retardation, Down's Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD))
- ☐ Hearing impairments
- ☐ Physical impairments
- ☐ Psychiatric impairments (e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders))
- ☐ Visual impairments
- ☐ Other (please specify):

Section Seven: Administrative EN Affiliates

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 adding a new affiliate, please include documentation demonstrating that the provider affiliate meets the requirements outlined in Part III, Sections 1.A and 1.B of the TPA. If updating affiliate information, please only fill out the fields which need to be updated for that affiliate.

I would like to:

- ☐ Add new Affiliate — Start Date:
- ☐ Update Affiliate information
- ☐ Remove an Affiliate — End Date:

Affiliate Name:

Physical Address:

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 (State Workforce Agency (SWA)/ American Job Center (AJC)/ Workforce Development Board (WDB))
- ☐ The Arc Chapter
- ☐ United Cerebral Palsy (UCP) Affiliate
- ☐ Veterans Services
- ☐ Other For-Profit Organization
- ☐ Other Non-Profit Organization

Affiliate Contact

Name:

Phone Number:

Email:

Section Eight: Additional Information and Signatures

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.

Additional relevant information regarding updates to your EN TPA:

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.

Name: *

Signature: * _____ **Date:** *

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.*