SOCIAL SECURITY

Office of Employment Support

Ticket Program Agreement (TPA) Termination Form

Use this form to request termination of your Ticket Program Agreement (TPA) from the Social Security Administration's (SSA) Ticket to Work Program. Terminating your TPA will also unassign all Tickets assigned to your EN. Only the Signatory Authority can submit this form. Please submit this form directly to the Employment Network Service Team (ENST) at ENService@ssa.gov. All fields below must be filled out.

The SSA will send you notification when your TPA is officially terminated. After termination, you may reapply to participate in the Ticket to Work Program after 6 months from the date of official termination.

Reason for Termination (Please select all that apply)

- ☐ Business Closed
- ☐ Insufficient or Inappropriate Referrals/Contacts
- ☐ Readiness or Available Resources/ Financial Difficulties
- ☐ Suitability
- ☐ TPA Compliance Issues
- ☐ Training Resources
- ☐ Unsatisfactory Customer Service – Social Security
- ☐ Unsatisfactory Customer Service – TPM
- ☐ Other:

Additional Feedback:

EN Name:

PID Number:

Signatory Authority Name:

Signature: _____ **Date:**

(03-2023)

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.*