

Updated December 2019

**Ticket to Work Program**

Workforce Individual Work Plan

This form represents the Social Security Administration’s (SSA) approved Individualized Work Plan (IWP) to be used with Ticket Holders that participate in SSA’s Ticket to Work Program.

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# Employment Network Contact Information:

EN Name:       IWP Date:

DUNS #:

Address:       City/State/Zip:

Phone:

Email:

EN Business Model: [ ]  Traditional Services [ ]  Consumer Directed Services [ ]  Employer/Employer Agent

# Ticket Holder Contact Information:

Name:

Address:       City/State/Zip:

Phone:       [ ]  Mobile [ ]  Land Line

SSN:

Email:

Date of Birth:

# Other Contact:

Name:

Address:       City/State/Zip:

Phone:       [ ]  Mobile [ ]  Land Line

SSN:

Email:

# Educational Background:

[ ]  No HS Diploma [ ]  GED [ ]  HS Diploma [ ]  Post-Secondary credits, no degree

[ ]  Associates Degree [ ]  Bachelor’s Degree [ ]  Master’s degree or higher

# Recent Work Activity:

[ ]  I had no earnings in the last 18 months

[ ]  I am currently working, OR, had earnings within the last 18 months as indicated below:

MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY
MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY MM/YY

**Method of IWP Completion:** [ ]  Face to Face [ ]  Phone/video conference

# Career Counseling Discussion:

Date of Discussion:

Method of Discussion: [ ]  Face-to-Face [ ]  Telephone

Staff Providing Counseling:

Discussion Summary (include career plans, interests, job market prospects, and viability of short and long-term goals):

# Employment Goals:

**2020 Trial Work Level = $910 / SGA Level = $1,260, Blind SGA Level = $2,110**

*(Goals should include job title, projected date of attainment, and expected monthly earnings)*

## Short-term Employment Goal Summary:

 (Target goal next 3-18 months)

Has Ticket holder’s previous employment provided any experience relative to the achievement of this goal?

[ ]  Yes [ ]  No

If yes, explain:

## Long-term Employment Goal Summary:

(Target goal within 3 years)

Has Ticket holder’s previous employment provided any experience relative to the achievement of this goal?

[ ]  Yes [ ]  No

If yes, explain:

# Supports and Services to be Provided:

*Check all boxes that apply and use space for narrative to explain how service will contribute to the achievement of the Ticket holder’s employment goals. Listed services will be provided by Workforce EN staff.*

[ ]  Job search or placement services (required if not working)

[ ]  Job accommodation assistance / planning

[ ]  Resume Development

[ ]  Social Security disability benefits and work incentive advisement

 [ ]  Providing internally (certified advisor on staff), OR

 [ ]  Referred to Work Incentive Planning Assistance (WIPA)

 List WIPA Agency:

[ ]  Services from local American Job Center (AJC):

[ ]  Training (specify type/source):

# Continuing Employment Supports:

*Provided to Participants after job placement*

Check boxes that apply, and explain how the services will contribute to the achievement of the Ticket holder’s short and long-term goals:

[x]  Regular follow up with Ticketholder (mandatory)

[ ]  Job Stabilization and Retention

[ ]  Career Advancement Counseling

[ ]  Other (please specify)

**The following terms and conditions apply to the EN and the Participant identified in Employment Network and Ticket Holder Contact Information above:**

1. The EN and the Ticket holder shall inform one another immediately of any changes in the contact information shown in Part One above.
2. The Ticket holder shall report all earnings to the EN and to Social Security.
3. The Ticket holder shall authorize the EN to contact employers on the Ticket holder’s behalf, as necessary, to verify or obtain evidence of the Ticket holder’s work and earnings.
4. The EN may not request or accept compensation from the Ticket holder for the costs of services and supports provided the Ticket holder under the IWP.
5. The EN shall use only qualified employees and/or providers to provide supports and services to the Ticket holder.
6. The EN shall establish and explain to the Ticket holder a process to resolve any disputes that arise under this IWP, including the process for escalating an unresolved dispute to Social Security.
7. The EN shall inform the Ticket holder of the availability of, and contact information for free protection and advocacy services under the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. To find your PABSS office, click [here](https://choosework.ssa.gov/findhelp/result?option=directSearch).
8. The EN shall inform the Ticket holder of annual Timely Progress Reviews (TPR) performed by Social Security to assess the Ticketholder’s work progress, and explain to the Ticket holder the TPR guidelines. (See: <http://www.ssa.gov/pubs/EN-05-10062.pdf>)
9. The EN shall keep private and confidential the Ticket holder’s personal information, including his or her Social Security Number and disability, and shall maintain all private and confidential information in a secure area.
10. The EN shall provide the Ticket holder with a copy of the completed IWP, as well as any subsequent changes to the IWP, in the Ticket holder’s preferred format.
11. Both the Ticket holder 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 Ticket holder with a copy of his or her EN file upon request.
13. Either the Ticket holder or the EN may choose unilaterally to un-assign the Ticket at any time by notifying the other in writing, thereby terminating the Ticket holder-EN relationship established by the IWP.
14. Upon approval of the IWP by both the Ticket holder and the EN, the Ticket holder acknowledges assignment of his or her Ticket to the EN and the EN acknowledges acceptance of that Ticket.
15. Are there any other terms and conditions relating to the implementation and administration of this IWP?

[ ]  Yes [x]  No If yes, list additional terms and conditions: None

1. Will the EN coordinate or arrange for medical and/or related health services to the Participant?

[ ]  Yes [x]  No If yes, please explain:

**I choose to participate in the Ticket to Work Program with the Employment Network (EN) named below. 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.**

Ticket holder Signature Date

EN Representative Signature Date