

Ticket-to-Work Individual Work Plan

This document is an Individual Work Plan (IWP) which is an agreement between the ticket holder and the AEN provider affiliate. The ticket holder and the AEN provider affiliate will work together to establish clear, short, and long-term vocational goals, and the services anticipated to reach those goals. The ticket holder can change this plan, with the AEN provider affiliate, as my vocational goals and employment needs change.

AEN Name: New York Employment Services System (NYESS)
Address: 44 Holland Avenue, Albany, NY. 12229
Phone Number: 800-597-8481
Email: TTW@omh.ny.gov
AEN Site Name:
Address:
Business Model: Administrative

Ticket Holder:
Address:
Phone Number:
Email:
SSN:
Employment Status: Currently Working Not Currently Working

I have read and understand the following, mandatory terms and conditions:

- 1) The Administrative Employment Network (AEN) will not request or accept any compensation directly from me for the cost of services and supports provided to me.
- 2) I will inform the AEN of any changes in my contact information, and the AEN will inform ticketholder of any changes in contact information.
- 3) I authorize the AEN to contact employers on my behalf, as necessary to verify or obtain evidence of my work and earnings.
- 4) The AEN shall use only qualified employees and/or providers to provide supports and services to me.
- 5) The AEN will establish and explain the process to resolve any disputes that arise under this IWP, including the process for escalating an unresolved dispute to Social Security. The EN must provide the TPM and/or SSA any documentation requested by the TPM or SSA to resolve the dispute.
- 6) I understand that I am responsible for reporting wage data to this AEN and to Social Security.
- 7) I consent to allow the AEN to sign on my behalf any Certification of Services (COS) which may be required by the AEN to receive certain payments, and which states that agreed upon services have been provided to me.
- 8) The AEN will inform me 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.
- 9) The AEN will contact me monthly prior to my being employed and quarterly once I begin working.
- 10) The AEN will inform me of the annual Timely Progress Review (TPR) performed by Social Security to assess my work progress and will explain these guidelines to me.
- 11) The AEN will keep my personal information (including my Social Security Number and disability) private and confidential and shall maintain all private and confidential information in a secure area.
- 12) The AEN will provide me with a copy of the completed IWP and any subsequent changes to the IWP, in my preferred format.
- 13) Both, the AEN and I must agree to any change to the IWP, and all changes to the IWP must be in writing and supported by evidence of mutual consent.
- 14) The AEN will provide me with a copy of my file upon request.
- 15) Either the AEN or I may choose to un-assign my Ticket at any time by notifying the other in writing, which terminates the ticketholder-EN relationship established by the IWP, in either case, the AEN shall notify the TPM.
- 16) Upon signed approval of the IWP by both the AEN and myself, we acknowledge that the Ticket has been assigned and has been accepted by this AEN.
- 17) The Ticket to Work and Self-Sufficiency Program has been established to provide Social Security Beneficiaries more choices for receiving employment related services. Should I be dissatisfied with the services being provided by the AEN, I may retrieve my Ticket at any time.
- 18) Upon request, the AEN must provide TPM and/or SSA with a copy of the ticketholders IWP.

I choose to participate in the Ticket to Work Program with the Administrative Employment Network (AEN) provider named below. I understand that my AEN will provide employment support to me, to help me find a job, increase my earnings, and reduce my reliance on SSA benefits. I have read and understand the requirements, obligations, and terms and conditions expressed in this IWP. I declare under penalty of perjury that I have examined the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Ticketholder Signature _____ Date: _____

AEN Representative Signature: _____ Date: _____
(Must have SSA Suitability Clearance)

AEN Provider Name: _____

Individual Work Plan Services and Supports:

SMART Goals (Specific, Measurable, Achievable, Realistic, Timely)

Short Term Vocational Goal (**next 3 to 12 months**): _____

Long-Term Vocational Goal (**next 3 to 5 years**): _____

Projected Earnings (**next 3 to 12 months**): _____ Projected Earnings (**next 3 to 5 years**): _____

Maximum Distance beneficiary is willing to travel to work: _____ (miles)

IWP Development Meeting: Face to Face Telephone Other (Explain) _____

Date of IWP Meeting: _____ Location of Meeting: _____ Duration of Meeting: _____

Name and Position Title of AEN Interviewer _____

Supports and Services to be Provided:

The AEN and I have agreed on the supports and services that will be provided to me, and the necessary conditions associated with my successful employment within my vocational goal. The AEN will provide all agreed services for initial and ongoing follow-up supports. Long-term follow-up supports imply that the AEN will provide supports that will help ticketholders sustain SGA level while employed. Ongoing contact is required: monthly, prior to my employment, and quarterly once I am employed.

Select all anticipated services below, and provide detail:

Career Planning (**Required: during the IWP development process**)

Goal Setting _____

Benefits Counseling _____

Other (Explain) _____

Referral to other Services (Explain) _____

Job Search/Placement Services (**Required: if not working**)

Job Search _____

Job Placement _____

