

Individual Work Plan:

Form Date:

Statement of Understanding: I choose to participate in the Ticket to Work Program with the New York State Administrative Employment Network. I understand that the network of AEN providers will provide me with employment supports to find and keep a job, increase my earnings or run my own business. If possible, I plan to increase my earnings to support myself. I understand that I can change this plan with the AEN from time to time to meet my current needs.

EN Name: NYESS – RFMH
 Address: Riverview Center, 150 Broadway, Suite 301
 Menands NY 12204
 City State Zip Code
 Phone: 800 597 8481
 Email: TTW@omh.ny.gov

Ticket holder:
 Address:
 City State Zip Code

Phone:
 Email:
 SSN:
 Email:
 Phone:
 Area Code

EN Site Name:
 Address:
 City State Zip Code

I have read and understand the following:

1. The Administrative Employment Network, hereafter designated as AEN, (NYESS-RFMH) will not request or receive any compensation directly from me for the costs of services and supports provided to me.
2. The AEN reserves the right to amend the IWP or terminate the relationship under the following conditions:
 - Change in Vocational goal
 - Non-compliance with outlined steps in IWP
 - Non-active participation
3. 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 the Ticket at any time.
4. For disputes between myself and the AEN, I will be referred to NYESS Administration Unit, for grievance procedures.
5. The AEN will keep all information of a personal nature provided by me, including Social Security number and information about my disability, strictly confidential.
6. The AEN and I may amend the IWP, however, the AEN and I must agree upon all changes. I have the right to a copy of the IWP in a format I have chosen at any time.
7. I have received a statement of terms and conditions related to the provision of services and supports to be provided by the AEN.
8. Only qualified employees and/or providers will be used to furnish services to me as outlined in IWP.
9. NYESS has informed me of the annual progress reviews and the Timely Progress Review (TPR) guidelines, and has these guidelines in written format for Ticket holders.
10. I consent to allow AEN to sign for me, any Certification of Services, which may be required by the EN to receive certain payments, and which states that agreed upon services have been provided to me.
11. By signing this IWP, I understand that I am responsible for reporting wage data to this AEN.

I declare under penalty of perjury that I have examined all the information on the form and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

 Beneficiary Signature

 Date

 Employment Network Representative Signature
 NYESS Administrative EN

 Date

Individual Work Plan Services:

Short-term Vocational Goal (next 3 to 12 mos.): _____

Long-term Vocational Goal (next 3-5 years): _____

Conditions Related to the Success of my IWP:

- I will inform the AEN of changes in my contact information
- The AEN will contact me as needed to share information and determine my unmet needs (quarterly)
- I will inform the AEN of my earnings
- While I am working, the AEN will offer and provide me with ongoing employment support to help me keep working or refer me to others who can help me keep working

The AEN and I have agreed to the other conditions described below (If there are no other conditions, please state that):

Projected monthly earnings in the next 3-12 months : \$ _____

Projected monthly earnings in the next 3-5 years: \$ _____

Projected number of hours: _____ /week

Maximum distance beneficiary is willing to travel to new job: _____ Miles

Supports and Services to be Provided:

The AEN and I have agreed upon the supports/services checked or written below. Below we also explain the steps the two of us agreed to take to help me reach my vocational goal. This includes any referrals the AEN agreed to make to help me get services.

Career Counseling and guidance (at a minimum, required during IWP development)

Job search or placement services (required if not working)

Job coaching / training

Job accommodation assistance / planning

Social Security benefits / Work Incentives planning

Resume Development

Transportation planning assistance

Referral to other services or support providers

Training (specify source)

Continuing Employment Supports:

The AEN will provide all agreed services for initial and ongoing follow-up supports (quarterly follow-up required)

Note: Long term follow-up supports imply that the AEN will provide supports that will help Ticket holders sustain SGA level employment

Other services (please note additional services below): _____