

Important Information

Ticket to Work
P.O.Box 1433
Alexandria, VA 22313

JOHN TICKETHOLDER
123 MAIN STREET
SPRINGFIELD, KY 40069-0000
Notice Code: Q0026v00

Re: 6th 12-Month Progress Review - Request for Response
Name: JOHN TICKETHOLDER

Our records show that you are working with your State Vocational Rehabilitation (VR) agency or worked with them in the past to return to work. After every 12 months, even after the VR agency closes your case, we must decide if you are making progress toward your vocational goal. We look at progress such as completing certain education or getting and keeping a job. We refer to this as a "Timely Progress Review." It is now time to conduct your 6th 12-month Timely Progress Review.

Your Timely Progress Review

Please complete the attached Progress Review Form to tell us about your progress from January 2013 through December 2013. Then return it to us using the enclosed postage paid envelope or by fax at 703-893-4020 within 30 days of the date of this letter. Your reply is important.

We will review your answers and decide if you have met the Timely Progress Requirements for the 6th 12-month Progress Review. We decide which review period you are in based on the length of time your Ticket to Work has been assigned. Please see the enclosed chart for the specific progress expected for each 12-month Timely Progress Review. We will not send you another letter if you have made the expected progress. However, we will write to you with our decision if the Progress Review Form does not show that you made the expected progress.

Why Conduct a Timely Progress Review

As long as you are making the expected progress toward your vocational goal, Social Security will not conduct a medical review to see if you are still disabled under their rules. SSA uses the Timely Progress Review to decide if you are making enough progress with work and earnings, education, or technical training to continue to be excused from a medical review. We will not send you another letter if you have made the expected progress. However, we will write to you with our decision if the Progress Review Form does not show that you made the expected progress.

The Timely Progress Guidelines enclosed with this letter show how much progress you are expected to make in each 12-month period. If you are not making the expected progress, you will no longer be excused from a scheduled medical review. This does not mean you will be scheduled for a

medical review right away, but that a medical review will be as normally scheduled. In addition, if your VR case is still open, we encourage you to continue working with your State VR agency toward your vocational goals.

If You Have Questions

We are here to help you. If you have any questions regarding Timely Progress Reviews or the Ticket to Work program, please call us at 1-866-968-7842 or TDD 1-866-833-2967. You may also fax us at 703-893-4020 or write to us at the following address:

Ticket to Work
P.O. Box 1433
Alexandria, VA 22313

For help with general questions about Social Security benefits, you may call SSA at 1-800-772-1213, or you may write or visit any Social Security office. SSA can also give you more information about other employment supports that help people with disabilities go to work. If you visit a Social Security office, please bring this letter with you.

Sincerely,

Ticket to Work Program

Timely Progress Requirements to Pass Each 12-month Timely Progress Review

1st 12-Month Review:	Complete 3 months of work at Trial Work Level amount (refer to Form for amount), OR complete GED or high school diploma, OR complete 60% of a full-time course load for an academic year in a college or technical, trade or vocational training program, OR complete a combination of this work and education requirement.
2nd 12-Month Review:	Complete 6 months of work at Trial Work Level amounts (refer to Form for amount), OR complete 75% of a full-time course load for an academic year in a college or technical/trade/vocational training program, OR complete a combination of this work and education requirement.
3rd 12-Month Review:	Complete 9 months of work at Substantial Gainful Activity amount (refer to Form for amount), OR complete an additional full-time academic year of study, OR complete a 2-year or 4-year college program, OR complete a 2-year technical, trade or vocational training program, OR complete a combination of this work and education requirement.
4th 12-Month Review:	Complete 9 months of work at SGA amount (refer to Form for amount), OR complete an additional academic year of full-time study, OR complete a combination of this work and education requirement
5th 12-Month Review:	Complete 6 months of work at SGA amount (refer to Form for amount) with no SSDI and/or SSI cash benefits in months worked, OR complete an additional academic year of full-time study, OR complete a 4-year degree program.
6th 12-Month Review:	Complete 6 months of work at SGA amount (refer to Form for amount) with no SSDI and/ or SSI cash benefits in months worked, OR complete a 4-year degree program.
7th 12-Month Review:	Complete 6 months of work at SGA amount (refer to Form for amount) with no SSDI and/or SSI cash benefits in months worked. *

* The guidelines for any subsequent 12-month Progress Review are the same as for the 7th 12-month Progress Review

Progress Review Form

Beneficiary: JOHN TICKETHOLDER
Provider: DEPARTMENT OF VOCATIONAL REHABILITATION

Date: 05/30/2014

INSTRUCTIONS: Please inform us of your progress during the timeframe shown below by completing one or more of the boxes in Sections A-B below. Check "Yes" or "No" and provide information on progress with work and earnings, education, or technical training when appropriate to indicate if you have met the Sixth 12-Month Progress Review requirements. Then sign, date, and return this form to Ticket to Work using the enclosed postage paid envelope or by fax at 703-893-4020. It is important that you respond within 30 days of the date on this form. You may retain a copy of this form for your records.

Sixth 12-Month Progress Review Requirements

Between January 2013 and December 2013

A. I worked 6 out of 12 months with gross earnings at or above \$ 936* (For non-blind) in each month with no SSDI and/or SSI cash benefits in months worked during the 12 month review period.

Yes

No

OR

B. I completed a 4-year college program during the 12 month review period.

Yes

No

School Name: _____

Month and Year of Completion: _____

Sign and date this form and mail or fax back to us.

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Progress Review Form (continued)

Beneficiary: JOHN TICKETHOLDER

Date: 05/30/2014

Provider: DEPARTMENT OF VOCATIONAL REHABILITATION

*Amount represents 10% less than the Trial Work Level amount or the Substantial Gainful Activity amount for the progress review period.

I understand that if I make, or cause to be made, a representation which I know is false concerning the requirements of the Ticket to Work and Self-Sufficiency program, I could be punished by fine, or imprisonment or both

Beneficiary Signature

Date

Return this form to Ticket to Work within 30 days using the enclosed postage-paid envelope or by fax at 703-893-4020.

Collection and Use of Information from Your Progress Review Form Privacy Act Statement

The Social Security Administration is authorized to collect the information on this form under Public Law 106-170 and §1148 of the Social Security Act. While furnishing the information on this form is voluntary, failure to provide all or part of the information on this form to the Social Security Administration will prevent review of your progress in the Ticket to Work Program. Although responses to these questions are voluntary, you will not be able to pass the progress review and remain excused from a medical review unless you answer the questions on this form.

Although the information you give us is almost never used for any other purpose than stated above, there is a possibility that for the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows: (1) to another Federal, State, or local government agency for determining eligibility for a government benefit or program; (2) to a Congressional office requesting information on behalf of the program participant; (3) to a third party for the performance of research and statistical activities; and (4) to the Department of Justice for use in representing the Federal Government.

The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Notice

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 15 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, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*