

## Ticket Program Agreement (TPA) Change Form

This form should be submitted by the Signatory Authority or Program Contact directly to the Employment Network Service Team (ENST). ENST can be reached by email at [ENService@ssa.gov](mailto:ENService@ssa.gov).

### Section One: EN General Information

Fields marked with an asterisk (\*) are required. The name of the individual submitting the form should match the individual listed in *Section Eight: Additional Information and Signatures* and must be either the Signatory Authority or Program Contact. For all other fields, please fill in ONLY information that has changed for your Employment Network (EN).

**EN Name:** \*

**PID Number:** \*

**Submitted By:** \*

**Title:** \*

**Date of Request:** \*

### Business Information

All banking information can be changed directly on [www.sam.gov](http://www.sam.gov). There is no need to contact the Social Security Administration or the Ticket Program Manager (TPM). Please ensure that your EN has an active account on [www.sam.gov](http://www.sam.gov) and that the account is updated annually.

**Doing Business As (DBA) Name:**

**Note:** *This is not your official name. To change your EN Name, EIN, or PID Number, contact ENST by email at [ENService@ssa.gov](mailto:ENService@ssa.gov).*

### Service Area

**Service Area:**             Single State             Multi-State             National

**For Single State or Multi-State ENs, please specify the state(s) served (using 2-letter state abbreviation):**

**If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:**

**Note:** *Please separate list of counties by state.*

**Section One: EN General Information (Continued)****Basic Directory Information**

The information below applies to the main organization listing. To add information for a new location or modify or remove information for an existing location, please use *Section Six: EN Service Site Locations*. If updating mailing, physical, or website addresses for both the organization and a location please fill out the request in both spots.

**Mailing Address:****Physical Address:****Business Website Address:**

## Section Two: Additional EN Information

This information will appear in the online EN Directory and you may be contacted by Ticketholders with the impairments listed. If you serve different impairment groups at different locations, please use *Section Six: EN Service Site Locations* to specify information specific to an individual location.

### What is your preferred method of providing services?

- In-person
- Virtually
- Both in-person and virtually

### Corporate Status:

- For Profit
- Sole Proprietor       Private Corporation       Limited Liability Corporation
- Private Partnership       Other (please specify):
- Non-Profit
- Public       Private
- Government Entity
- State       Local       Tribal

### Underserved Populations Specifically Targeted:

**Note:** *If your organization's mission is to specifically target one of the underserved populations defined below, then you should select all that apply.*

- Members of religious minorities (Individuals who belong to communities that face discrimination based on their religion.)
- Members of the LGBTQIA+ community (Individuals who belong to communities that face discrimination based on sex, sexual orientation, and gender identity; including lesbian, gay, bisexual, transgender, queer, gender non-conforming, non-binary, LGBTQ+ persons)
- Persons of color (Individuals who belong to communities of color, such as Black and African American, Hispanic and Latino, Native American, Alaska Native and Indigenous, Asian American, Native Hawaiian and Pacific Islander, Middle Eastern, and North African persons)
- Persons otherwise adversely affected by persistent poverty (Individuals who have income under the poverty line established by the Director of the Office of Management and Budget and revised by the Secretary. See [U.S. Federal Poverty Guidelines](#).)
- Persons who live in rural areas (Individuals who live in an area other than an area within a metropolitan statistical area or within the outer boundary of any city or town having a population of 20,000 or more)
- Transition aged youth (Individuals between the ages of 14 and 25)
- U.S. Military Veterans (Individuals who have served in the military forces and who was discharged or released under conditions other than dishonorable)

**Section Two: Additional EN Information (Continued)**

**Type of Organization:** *(Select the organization type that best describes your EN)*

- AbilityOne Program
- American Indian Vocational Rehabilitation Agency (AIVR) or Another Organization Serving Indigenous Peoples
- Center for Independent Living (CIL)
- Disability Services Representative Organization
- Easterseals Industries Organization
- Educational Institution -
- Goodwill Industries Organization
- Mental Health Care Provider or Other Healthcare Provider
- Project SEARCH Program
- State or Local Government Agency (non-SVRA)
- Workforce Entity (State Workforce Agency (SWA)/ American Job Center (AJC)/ Workforce Development Board (WDB))
- The Arc Chapter
- United Cerebral Palsy (UCP) Affiliate
- Veterans Services
- Other For-Profit Organization (please specify):
- Other Non-Profit Organization (please specify):

**Section Two: Additional EN Information (Continued)**

**What services does your organization provide?** *(Please select all that apply)*

- Administrative, i.e., serve an EN of record for a network of affiliate service providers
- Benefits counseling
- Career planning
- Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer's agent
- Entrepreneurship
- Job placement/job placement assistive services
- Ongoing employment support/job retention
- Special language capability (including Braille services and sign language)

Please list:

- Transitional youth
- Veterans
- Other (please specify):

**Preferred Impairment Groups Served:**

**Note:** *Please select all that apply, but limit selections to those impairment groups you are prepared provide with necessary accommodations.*

- Cognitive impairments (e.g., mental retardation, Down's Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD))
- Hearing impairments
- Physical impairments
- Psychiatric impairments (e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders))
- Visual impairments
- Other (please specify):

### Section Three: EN Contact Information

New EN employees must undergo the suitability process. For more information visit the Suitability section of the Service Provider website at <https://yourtickettowork.ssa.gov/information-center/suitability.html>.

#### Update Signatory Authority Contact Information

*Senior official responsible for the Ticket Program Agreement (TPA)*

Name:

Phone:

Toll Free:

Fax:

TTY:

Email:

#### Former Signatory Authority:

- Former contact is still working with the organization
- Former contact is no longer working with the organization (complete Section Four: EN Staff Information)

#### Update Program Contact Information

*Person responsible for managing the day-to-day Ticket to Work (Ticket) program*

Name:

Phone:

Toll Free:

Fax:

TTY:

Email:

#### Former Program Contact:

- Former contact is still working with the organization
- Former contact is no longer working with the organization (complete Section Four: EN Staff Information)

#### Update Suitability Contact Information:

*Person designated as Security Officer and Suitability Contact to manage EN suitability updates*

Name:

Phone:

Toll Free:

Fax:

TTY:

Email:

#### Former Suitability Contact:

- Former contact is still working with the organization
- Former contact is no longer working with the organization (complete Section Four: EN Staff Information)

**Section Three: EN Contact Information (Continued)**

**Update Payments Contact Information:**

*Person responsible for Ticket payment inquiries*

**Name:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

**Former Payments Contact:**

- Former contact is still working with the organization
- Former contact is no longer working with the organization (complete Section Four: EN Staff Information)

**Update Ticketholder Contact Information:**

*Person responsible for working with Ticketholders regarding the Ticket program*

**Name:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

**Former Ticketholder Contact:**

- Former contact is still working with the organization
- Former contact is no longer working with the organization (complete Section Four: EN Staff Information)

**Update Directory/Web Contact Information:**

*Person is listed on the online EN Directory to facilitate Ticketholder contact with your EN*

**Name:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

**Former Directory/Web Contact:**

- Former contact is still working with the organization
- Former contact is no longer working with the organization (complete Section Four: EN Staff Information)

**Section Four: EN Staff Information**

This section allows you to update information for two EN employees. If you need to add or remove more than two employees, please attach a copy of this section to the form for each additional employee. New EN employees must undergo the suitability process. For more information visit the Suitability section of the Service Provider website at <https://yourtickettowork.ssa.gov/information-center/suitability.html>.

**Update EN Employee Information (1)**

**I would like to:**

- Add new employee                      Start Date:
- Update employee information
- Remove an employee                      End Date:

**Employee Information:**

**Name:**

**Job Title:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

- Employee of an Administrative Affiliate**                      **If yes, Affiliate Name:**

**Update EN Employee Information (2)**

**I would like to:**

- Add new employee                      Start Date:
- Update employee information
- Remove an employee                      End Date:

**Employee Information:**

**Name:**

**Job Title:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

- Employee of an Administrative Affiliate**                      **If yes, Affiliate Name:**



### Section Five: EN Portal Users

This section is for a SINGLE Portal User. If you need to add or remove more than one Portal User, please attach a copy of this section to the form for each additional Portal User. New EN Portal Users must undergo the suitability process and complete the Service Provider Foundations Training. For more information visit the Suitability section of the Service Provider website at <https://yourtickettowork.ssa.gov/information-center/suitability.html>. Contact [ENOperations@yourtickettowork.ssa.gov](mailto:ENOperations@yourtickettowork.ssa.gov) to complete the Service Provider Foundations Training.

**Please provide the Portal Users currently on file in the field below:**

**I would like to:**

- Add new Portal User
- Remove a Portal User

**Portal User Information:**

**Name:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

**If removing a Portal User:**

- Former Portal User is still working with the organization
- Former Portal User is no longer working with the organization (complete Section Four: EN Staff Information)

**Section Six: EN Service Site Locations**

This section is for a SINGLE location. If you need to add, update, or delete more than one EN location please attach a copy of this section to the form for each additional location. If updating a location, please only fill out the fields which need to be updated for that location.

**For the following site location, I would like to:**

- Add new service site
- Update service site information
- Remove a service site

**If updating or removing a site location, please provide the physical address currently on file in the field below:**

**Physical Address:**

**Mailing Address:**

**Main Phone Number:**

**Toll Free Number:**

**TTY Number:**

**Fax Number:**

**Location Contact**

**Name:**

**Phone Number:**

**Email:**

**If your service area is limited to specific counties or ZIP codes, please provide a comma separated list:**

*Note: Please separate list of counties by state.*

**Section Six: EN Service Site Locations (Continued)**

What languages are spoken at this location?

What services are provided at this location? *(Please select all that apply)*

- Administrative, i.e., serve an EN of record for a network of affiliate service providers
- Benefits counseling
- Career planning
- Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer's agent
- Entrepreneurship
- Job placement/job placement assistive services
- Ongoing employment support/job retention
- Special language capability (including Braille services and sign language)

Please list:

- Transitional youth
- Veterans
- Other (please specify):

**Preferred Impairment Groups Served:**

**Note:** *Please select all that apply, but limit selections to those impairment groups you are prepared provide at this location with necessary accommodations.*

- Cognitive impairments, e.g., mental retardation, Down's Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD)
- Hearing impairments
- Physical impairments
- Psychiatric impairments, e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders)
- Visual impairments
- Other (please specify):

**Section Seven: Administrative EN Affiliates**

This section is only for Administrative ENs and is for a SINGLE affiliate. If you need to add, update, or remove more than one affiliate please attach a copy of this section to the form for each additional affiliate. If updating affiliate information, please only fill out the fields which need to be updated for that affiliate.

**I would like to:**

- |   |             |
|---|-------------|
| <input type="checkbox"/> Add new Affiliate            | Start Date: |
| <input type="checkbox"/> Update Affiliate information |             |
| <input type="checkbox"/> Remove an Affiliate          | End Date:   |

**Affiliate Name:****Physical Address:****Type of Organization:** *(Select the organization type that best describes the affiliate)*

- AbilityOne Program
- American Indian Vocational Rehabilitation Agency (AIVR) or Another Organization Serving Indigenous Peoples
- Center for Independent Living (CIL)
- Disability Services Representative Organization
- Easterseals Industries Organization
- Educational Institution
- Goodwill Industries Organization
- Mental Health Care Provider or Other Healthcare Provider
- Project SEARCH Program
- State or Local Government Agency (non-SVRA)
- Workforce Entity (State Workforce Agency (SWA)/ American Job Center (AJC)/ Workforce Development Board (WDB))
- The Arc Chapter
- United Cerebral Palsy (UCP) Affiliate
- Veterans Services
- Other For-Profit Organization
- Other Non-Profit Organization

**Section Seven: Administrative EN Affiliates (Continued)****Underserved Populations Specifically Targeted:**

**Note:** *If the affiliate's mission is to specifically target one of the underserved populations defined below, then you should select all that apply.*

- Members of religious minorities (Individuals who belong to communities that face discrimination based on their religion.)
- Members of the LGBTQIA+ community (Individuals who belong to communities that face discrimination based on sex, sexual orientation, and gender identity; including lesbian, gay, bisexual, transgender, queer, gender non-conforming, non-binary, LGBTQ+ persons)
- Persons of color (Individuals who belong to communities of color, such as Black and African American, Hispanic and Latino, Native American, Alaska Native and Indigenous, Asian American, Native Hawaiian and Pacific Islander, Middle Eastern, and North African persons)
- Persons otherwise adversely affected by persistent poverty (Individuals who have income under the poverty line established by the Director of the Office of Management and Budget and revised by the Secretary. See [U.S. Federal Poverty Guidelines](#).)
- Persons who live in rural areas (Individuals who live in an area other than an area within a metropolitan statistical area or within the outer boundary of any city or town having a population of 20,000 or more)
- Transition aged youth (Individuals between the ages of 14 and 25)
- U.S. Military Veterans (Individuals who have served in the military forces and who was discharged or released under conditions other than dishonorable)

**Section Eight: Additional Information and Signatures**

Before continuing, please review and ensure that all necessary information is accurate and complete. Use the field below to add information or provide clarification. If the information pertains to a specific field on the form, please specify the page number and field you are referencing.

**Additional relevant information regarding updates to your EN TPA:**

This form must be completed and signed by either the Signatory Authority or the Program Contact. By signing this form, you agree that all information provided is accurate and complete to the best of your knowledge. Please submit this form to ENST by email at [ENService@ssa.gov](mailto:ENService@ssa.gov). Forms will be processed in a timely manner in the order they are received.

**Name: \***

**Signature: \*** \_\_\_\_\_ **Date: \***