

## 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

<b>Service Area:</b>	Single State	Multi-State	National
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**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

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

- AbilityOne Program
- American Indian Vocational Rehabilitation Agency (AIVR)
- 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/program-operations/suitability>.

#### 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 Five: EN Portal Users

This section is for a SINGLE Portal User. If you need to add or remove more than two Portal Users, 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/program-operations/suitability>. Contact [ENOOperations@yourtickettowork.ssa.gov](mailto:ENOOperations@yourtickettowork.ssa.gov) to complete the Service Provider Foundations Training.

### Update EN Portal User Information (1)

#### 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)

### Update EN Portal User Information (2)

#### 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 to 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:**

Add new Affiliate	Start Date:
Update Affiliate information	
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)
- 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

**Affiliate Contact****Name:****Phone Number:****Email:**

## 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:** \*