*Below are the questions included on the Annual Performance Outcome Report (APOR) for the period January 1, 2016 – December 31, 2016. You must complete the APOR in one sitting. Reviewing the questions prior to beginning the questionnaire will allow you to research and prepare your answers as needed. If you have questions about the APOR, email* *SSAENAPOR@yourtickettowork.com**. Please note, this document IS NOT the APOR questionnaire that you must return to the Social Security Administration’s Ticket Program Manager for the Ticket to Work Program.*

### General Questions

1. Please provide your Employment Network Data Universal Numbering System (DUNS) number. (The DUNS number is a 9-digit number assigned by Dun & Bradstreet Information Services. Every EN has a DUNS number that was obtained prior to award of EN BPA.)
	* DUNS - \_ \_ \_ \_ \_ \_ \_ \_ \_
2. Please provide the following information of the individual completing the APOR for your Employment Network:
	* Name:
	* Title:
	* Email Address:
	* Direct Contact Number:
3. What is your primary Social Security Ticket to Work approved Business Model?
* Traditional EN (EN that provides employment services and other support services directly to the Ticket Holder)
* Consumer Directed Services (EN that reimburses the Ticket Holder for Ticket-related services purchased by the beneficiary)
* Employer EN (EN that primarily employs Ticket Holders for whom it has assigned Tickets)
* Administrative EN (ENs that serve as the EN of record for a network of service providers who combine their resources to provide services to Ticket Holders)
1. What is your secondary Social Security Ticket to Work approved Business Model?
* Traditional EN (EN that provides employment services and other support services directly to the Ticket Holder)
* Consumer Directed Services (EN that reimburses the Ticket Holder for Ticket-related services purchased by the beneficiary)
* Employer EN (EN that primarily employs Ticket Holders for whom it has assigned Tickets)
* Administrative EN (ENs that serve as the EN of record for a network of service providers who combine their resources to provide services to Ticket Holders)
* N/A, do not have a secondary Business Model
1. How many office locations does your EN currently have?
	* \_\_\_\_\_\_\_\_\_\_\_
2. What methods of communication does your Employment Network use when working with beneficiaries? Check all that apply:
	* Phone
	* Email
	* Website
	* In person
3. Does your organization have a physical office location where beneficiaries can obtain in person services?
	* Yes
	* No
4. If you answered ‘Yes’ to the question above, what percentage of time is spent meeting in person vs. meeting virtually?
* Between 0% and 25%
* Between 26% and 50%
* Between 51% and 75%
* Between 76% and 100%
* N/A
1. Do you have a written Partnership Plus agreement with your local State Vocational Rehabilitation Agency?
	* Yes
	* No
2. If you answered “Yes” to the question above, how many assignments are a result of this agreement?
	* N/A
	* Number of assignments \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you made any changes to your liability insurance in the past 12 months?
	* Yes
	* No
4. Have you registered with the Office of Federal Contract Compliance Programs (OFCCP) 503 directory?
	* Yes
	* No
5. Is your System for Award Management (SAM) registration current?
	* Yes
	* No
6. Do you use autodialing/robocalling to contact beneficiaries?
	* Yes
	* No
7. Did you use autodialing/robocalling when Social Security provided the Marketing CD until February 2015?
	* Yes
	* No
	* N/A

### Staffing Questions

1. How many full-time staff members does your EN have working on the Ticket Program?
	* \_\_\_\_\_\_\_\_\_\_\_
2. How many part-time staff members does your EN have working on the Ticket Program?
	* \_\_\_\_\_\_\_\_\_\_\_
3. How many of your Ticket staff members have two (2) or more years of experience providing service-related employment support?
	* \_\_\_\_\_\_\_\_\_\_\_
4. Do you have a benefits advisor on staff for the Ticket Program?
	* Yes
	* No
5. Have all of your employees submitted form SSA-222 the “SSA Security Awareness Contractor Personnel Security Certification" Annual Security Awareness training per Part IV--Section 3.H.3 of your EN BPA?
	* Yes
	* No
6. Have you requested suitability clearance for all employees working under the BPA who access or handle Personally Identifiable Information (PII)?
	* Yes
	* No
7. Have you notified SSA of any employees who previously received suitability clearance who are no longer working under the BPA?
	* Yes
	* No

### Ticket Client-Related Questions

1. What is the average number of months between the start of services and the Ticket Holder obtaining employment?
	* \_\_\_\_\_\_\_\_\_\_\_
2. If known, what is the average gross wage per month of the Ticket Holders that are working? Please round to the nearest whole number. Do not include commas, periods or special characters such as $, @, %.
	* \_\_\_\_\_\_\_\_\_\_\_
3. How many of your Ticket Holders are currently working?
	* \_\_\_\_\_\_\_\_\_\_\_
4. How many of your Ticket Holders are currently working full-time? (32 hours or more)
	* \_\_\_\_\_\_\_\_\_\_\_
5. How many of your Ticket Holders attend school or participate in educational or employment training program?
	* \_\_\_\_\_\_\_\_\_\_\_

### EN Service-Related Questions

1. Does your EN have expertise or available resources for serving Youth in Transition clients?
	* Yes
	* No
2. Does your EN have expertise or available resources for serving Veterans?
	* Yes
	* No
3. Does your EN have expertise or available resources for serving clients with physical impairments?
	* Yes
	* No
4. Does your EN have expertise or available resources for serving clients with hearing impairments?
	* Yes
	* No
5. Does your EN have expertise or available resources for clients with visual impairments?
	* Yes
	* No
6. Does your EN have expertise or available resources for serving clients with cognitive or mental impairments? These impairments include developmental impairments, brain function impairments and mental illness.
	* Yes
	* No
7. Does your EN have expertise or available resources for serving clients pursuing self-employment?
	* Yes
	* No
8. Does your EN offer Work Incentives guidance?
	* Yes
	* No
9. Does your EN offer Timely Progress Review (TPR) guidance?
	* Yes
	* No
10. Does your EN offer a special language service? (including Braille, American Sign Language, materials in languages other than English)
	* Yes
	* No
11. If you answered “Yes” to the question above, what specifically does your EN offer?
	* N/A
	* Braille
	* American Sign Language
	* Materials in languages other than English (please specify) \_\_\_\_\_\_\_\_\_\_\_\_