



Employment Network (EN)
Certification of Services (COS) Statement

EN Name:

DUNS Number:

Ticketholder Name:

Ticketholder SSN:

Ticketholder Telephone:

Ticketholder Email:

Ticketholder Address:

Ticket Assignment Date:

Ticket Unassignment Date (if applicable):



Individual Work Plan (IWP) Addendum: Statement of Services

Please list all services that your EN provided (include date) to the Ticketholder to date. These services are those agreed upon in the IWP to help the Ticketholder reach and sustain his or her long-term employment goals since both parties signed the IWP.

Social Security may verify the information above with the Ticketholder.



Did you attempt to contact the Ticketholder at least quarterly?

Yes

Dates of contact:

No

By signing below, the EN affirms having provided the services above to the Ticketholder.

EN Representative's Name

EN Representative's Signature

Date