

### 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) or by fax at 410.597.0429.

#### Section One: EN General Information

##### Required Information

**Note:** Fields marked with an asterisk (\*) are required. The name of the individual submitting the form should match the individual listed in **Section Five** 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\*:**

**DUNS Number\*:**

**Submitted By\*:**

**Title\*:**

**Date of Request\*:**

##### Business Information

**Note:** 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.

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

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

##### Service Area

**Update 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**

**Note:** *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 Four**. If updating mailing, physical, or website addresses for both the organization and a location please fill out the request in **both** spots.*

**Update Mailing Address:**

**Update Physical Address:**

**Update Business Website Address:**

**Section Two: Additional EN Information**

**Note:** *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 Four: EN 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 (listed in EN Directory as in-person)

**Do you specialize in any of the following?** *(Please select all that apply)*

Youth-in-Transition

Veterans

Self-Employment

**Corporate Status:**

For Profit

Non-profit

Public entity

Sole proprietor

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

**Type of Organization:** *(Please select all that apply)*

Faith-based

Healthcare/Mental health

Higher education

Native American

Special education

State/local government

Vocational training

WIA American Job Center / One-Stop Career Center

Workforce Investment Board

Other:

**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:

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

**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:

**Section Three: EN Contact Information**

**Note:** *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 contact is no longer working with the organization**

**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 contact is no longer working with the organization**

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

**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 contact is no longer working with the organization**

**Update Payments Contact Information:**

*Person responsible for Ticket payment inquiries*

**Name:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

**Former contact is no longer working with the organization**

**Update Ticketholder Contact Information:**

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

**Name:**

**Phone:**

**Toll Free:**

**Fax:**

**TTY:**

**Email:**

**Former contact is no longer working with the organization**

**Section Four: EN Site Locations**

**Note:** This section is for a **single** location. If you need to add, update, or delete more than one EN location please print a copy of this section 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 this site

Update this site

Remove this 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:**

**Fax Number:**

**TTY 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 Four: EN 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:

**Preferred Impairment Groups served at this location**

*Please select all that apply, but limit selections to those impairment groups this location is prepared to 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:

**Section Five: Additional Information and Signatures**

**Note:** *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 either by email at [ENService@ssa.gov](mailto:ENService@ssa.gov) or via fax at 410.597.0429. Forms will be processed in a timely manner in the order they are received.

**Name:**

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

**Date:**