

Individual Work Plan (IWP)

Objectives

- Describe the purpose of the Individual Work Plan (IWP)
- Discuss when to submit an IWP
- The IWP as a living document
- Apply the nine pre-determined IWP components as expressed in the EN RFQ
- Demonstrate ability to complete an IWP
- Identify resources for completing an IWP

Introduction to the IWP

What is the IWP?

- Written agreement between beneficiary and Employment Network (EN)
 - Details beneficiary's goals
 - Details EN's efforts to meet goals
 - Living document
 - Signed by both parties in partnership of informed choice





When do I submit an IWP?

- Must have IWP on file for each beneficiary.
- Only new ENs must submit an IWP in order to have a Ticket assigned.
- First step in an EN's relationship with a beneficiary.
- Submitted to the OSM for processing of the Ticket assignment.
- Submit the IWP immediately or within 14 calendar days to ensure timely payments.

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INDIVIDUAL WORK PLAN (IWP)

Statement of Understanding

I choose to participate in the Ticket To Work Program with the Employment Network (EN) named below. I understand that my EN will provide me with employment support to find and keep a job, increase my earnings or run my own business. If possible, I plan to increase my earnings to support myself. I understand that I can change this plan with my EN from time to time to meet my current needs

Employment Network Name: _____

DUNS: _____

Address: _____

Telephone: _____

Email: _____

My Name: _____

SSN: _____

Address: _____

Telephone: _____

Email: _____

Alternate Contact's Name: _____

Telephone: _____

Address: _____

Email: _____

Alternate Contact's Name: _____

Telephone: _____

Address: _____

Email: _____

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EN Approach to Conversation with Beneficiary

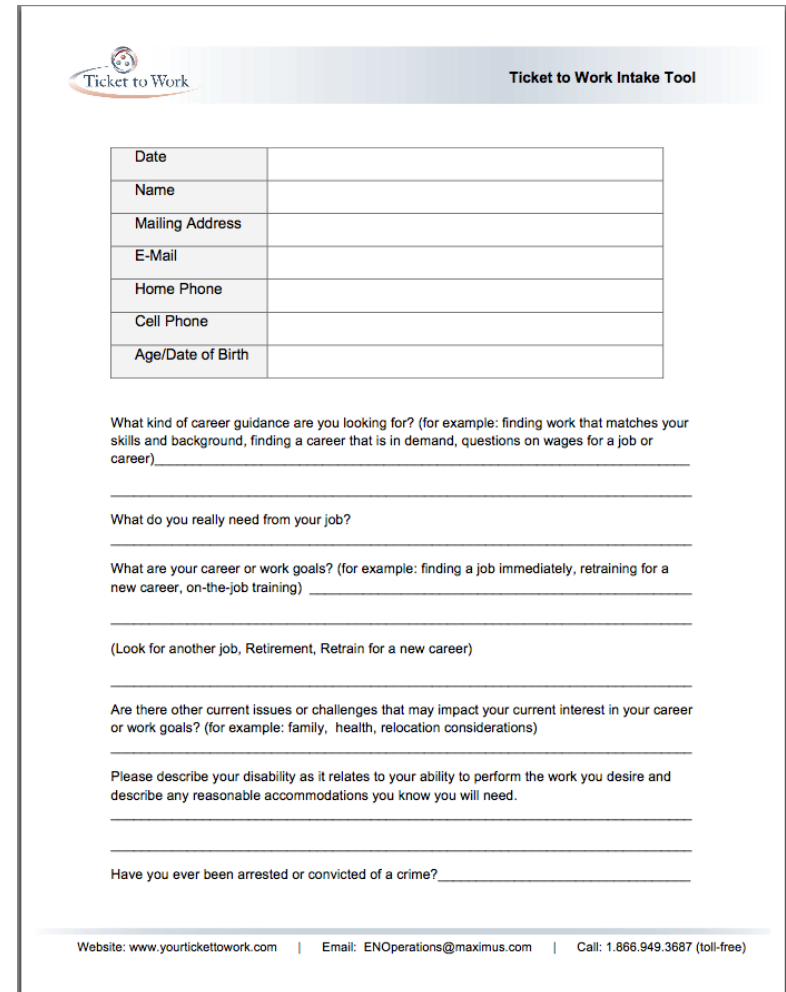
- Employment Network and beneficiary have responsibility to each other
- Speak in clear language
- Ensure understanding/expectations

Intake Tool

- Guide for EN' s initial conversation with a beneficiary

Ticket to Work Website

- Program Integrity
- Individual Work Plan



The screenshot shows the 'Ticket to Work Intake Tool' form. At the top left is the 'Ticket to Work' logo, and at the top right is the title 'Ticket to Work Intake Tool'. Below the header is a table with the following fields:

Date	
Name	
Mailing Address	
E-Mail	
Home Phone	
Cell Phone	
Age/Date of Birth	

Below the table are several text input areas with prompts:

What kind of career guidance are you looking for? (for example: finding work that matches your skills and background, finding a career that is in demand, questions on wages for a job or career) _____

What do you really need from your job? _____

What are your career or work goals? (for example: finding a job immediately, retraining for a new career, on-the-job training) _____

(Look for another job, Retirement, Retrain for a new career)

Are there other current issues or challenges that may impact your current interest in your career or work goals? (for example: family, health, relocation considerations) _____

Please describe your disability as it relates to your ability to perform the work you desire and describe any reasonable accommodations you know you will need. _____

Have you ever been arrested or convicted of a crime? _____

At the bottom of the form, there is contact information: Website: www.yourtickettowork.com | Email: ENOperations@maximus.com | Call: 1.866.949.3687 (toll-free)

Progress Check

When is the latest that OSM can receive an IWP after it has been signed to ensure timely payments?

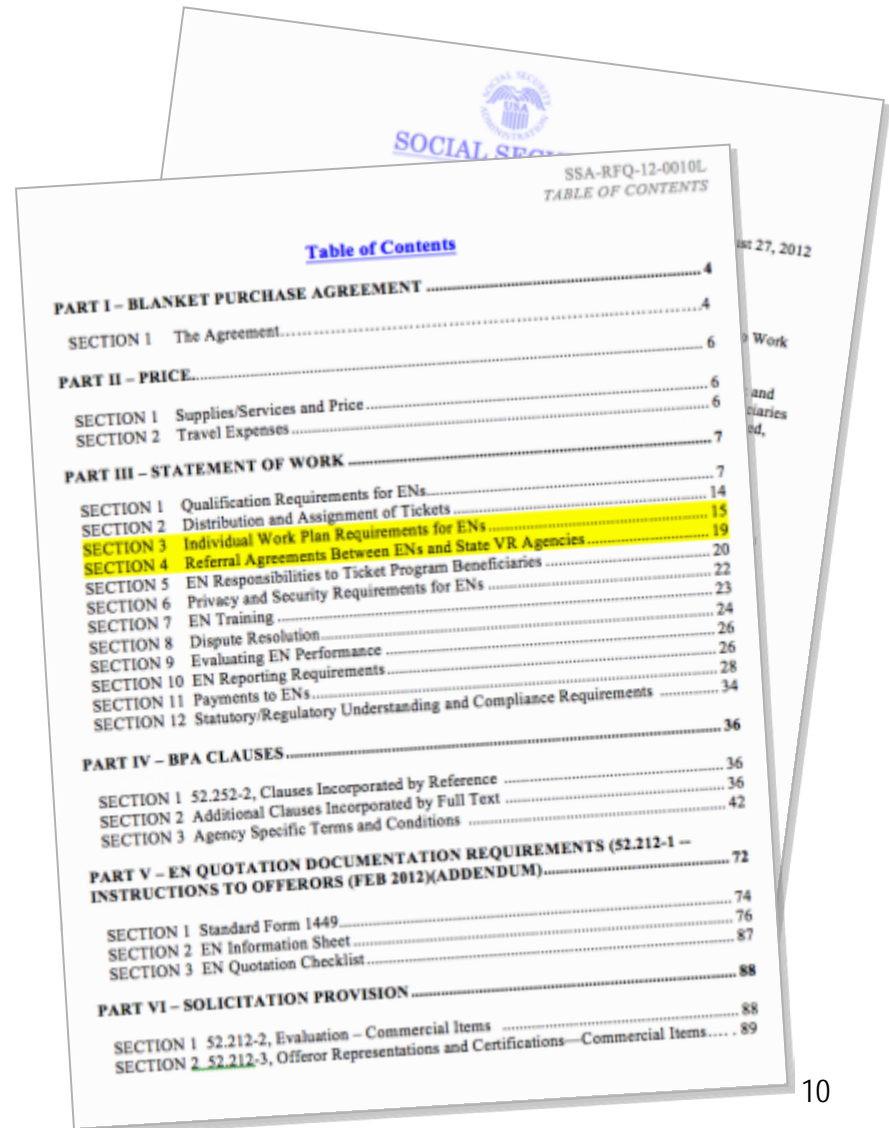
- A. 10 Calendar Days
- B. 14 Calendar Days
- C. 30 Calendar Days
- D. 45 Calendar Days



Components of the IWP

Request for Quotation (RFQ)

- RFQ - Understanding of Policies and Procedures
- <http://www.ssa.gov/work/enrfq.html> (p. 15-18)
- Beneficiary and Employment Network Relationship
- Higher Standard of Documentation
- 9 Mandatory Components



SSA-RFQ-12-0010L
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Template and RFQ

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INDIVIDUAL WORK PLAN (IWP)

Statement of Understanding

I choose to participate in the Ticket To Work Program with the Employment Network (EN) named below. I understand that my EN will provide me with employment support to find and keep a job, increase my earnings or run my own business. If possible, I plan to increase my earnings to support myself. I understand that I can change this plan with my EN from time to time to meet my current needs

Employment Network Name:

DUNS:

Address:

Telephone:

Email:

My Name:

SSN:

Address:

Telephone:

Email:

Alternate Contact's Name:

Telephone:

Address:

Email:

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Minimum 9 Components of the IWP

1. Adequate Documentation
2. Employment Goal
3. Services and Supports
4. Terms and Conditions
5. Permissions
6. Beneficiary Recent Earnings
7. TPR Acknowledgment
8. EN Responsibilities
9. Ticket Assignment



RFQ Component 1

- Documentation that the beneficiary and the EN have engaged in a one-on-one individualized discussion involving career planning and development of employment goals and EN supports and services:
 - discussion date and modality (e.g., face-to-face, telephone);
 - discussion summary;
 - EN’s assessment that the beneficiary’s short and long-term goals are reasonable and attainable; and
 - how the EN’s services and supports will assist the beneficiary to achieve his/her goals.

INDIVIDUAL WORK PLAN (IWP)

Statement of Understanding

I choose to participate in the Ticket To Work Program with the Employment Network (EN) named below. I understand that my EN will provide me with employment support to find and keep a job, increase my earnings or run my own business. If possible, I plan to increase my earnings to support myself. I understand that I can change this plan with my EN from time to time to meet my current needs

Employment Network Name:

DUNS:

Address:

Telephone:

Email:

My Name:

SSN:

Address:

Telephone:

Email:

Alternate Contact's Name:

Telephone:

Address:

Email:

Alternate Contact's Name:

Telephone:

Address:

Email:

RFQ Component 2

Description of the employment goal developed with the beneficiary. This employment goal shall be **clear and measurable**, and consistent with the Ticket Program goal of assisting the beneficiary in achieving the beneficiary's employment goal and advancing to and sustaining self-supporting employment. (See Part III-- Section 5.A)

Email:

Part One: My Vocational Goal and Expected Monthly Earnings

Short Term Vocational Goal (in the next 3-12 months):

Expected Monthly Earnings (in the next 3-12 months):

Long Term Vocational Goal (in the next 3-5 years):

Expected Monthly Earnings (in the next 3-5 years):

Goals should be:



Specific –What?

Measurable –How?

Attainable – Can the goal be achieved?

Realistic – Something the beneficiary can achieve?

Timely – Maintain focus

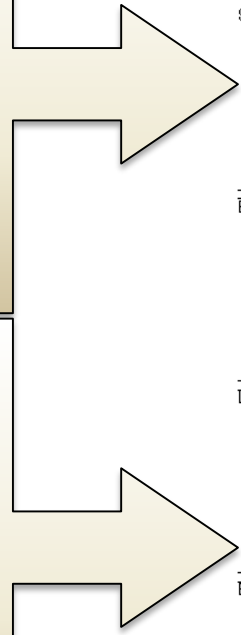
Short and Long Term Goals

Short Term Goal:

“To obtain a customer service position within 3 **months** of job searching while working towards completing remaining 14 hours teaching assistant certification

Long Term Goal

“To obtain a job as a teacher assistant after certification. To complete 4-year degree in education by 2017. To obtain a teaching job specializing in working with students with disabilities.”



Email: _____

Part One: My Vocational Goal and Expected Monthly Earnings

Short Term Vocational Goal (in the next 3-12 months):

Expected Monthly Earnings (in the next 3-12 months):

Long Term Vocational Goal (in the next 3-5 years):

Expected Monthly Earnings (in the next 3-5 years):

RFQ Component 3

Description of the services and supports to be provided by or through the EN to the beneficiary to achieve the employment goal and advance to and sustain self-supporting employment in (1) above. This component should be broken out into two sections as described below: *(on the next slide)*

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Part Two: The Supports and Services the EN Agreed to Provide to Help Me Reach My Vocational Goal

My EN and I have agreed upon the supports/services checked or written below. Below we also explain the steps the two of us agreed to take to help me reach my vocational goal. This includes any referrals my EN agreed to make to help me get services.

Career counseling and guidance (at a minimum, required during IWP development)

Note: On the last page, EN must certify to providing career counseling.

Job search or placement services (required, if not working)

Job coaching/training

Job accommodation planning

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RFQ Component 3 – Part 1

Initial Job Acquisition and Retention Phase. This section shall include a description of the services the EN plans to provide the beneficiary to support the beneficiary’s progress toward self-sufficiency; i.e., sustained employment at or above the SGA level. Examples of services in this section include, but are not limited to, career planning, job coaching/training and job placement. In addition, this section shall include a goal for anticipated monthly earnings, which must be at or above the Trial Work Level (TWL). The EN shall document the actual services provided as a condition for receiving phase 1 milestone payments (see Part III--Sections 11.E.1.e of this solicitation).

Part Two: The Supports and Services the EN Agreed to Provide to Help Me Reach My Vocational Goal

My EN and I have agreed upon the supports/services checked or written below. Below we also explain the steps the two of us agreed to take to help me reach my vocational goal. This includes any referrals my EN agreed to make to help me get services.

Career counseling and guidance (at a minimum, required during IWP development)

Note: On the last page, EN must certify to providing career counseling.

Job search or placement services (required, if not working)

Job coaching/training

Job accommodation planning



RFQ Component 3 – Part 2

Ongoing Support Phase. This section shall include a description of any other services the EN plans to provide the beneficiary, in particular, those services designed to help the beneficiary sustain SGA-level employment. Services in this section might include, but are not limited to, ongoing job supports, assistance to maintain and/or advance in employment and further job placements if required to ensure the beneficiary has an opportunity to earn wages sufficient to provide economic self-sufficiency; i.e., employment at or above the SGA level. At a minimum, the EN shall follow up with the beneficiary quarterly to determine if the beneficiary requires any ongoing employment supports. If a beneficiary states a desire for such support, the EN shall work with the beneficiary to provide the needed services or assist the beneficiary in obtaining the services.

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Part Two (con't)

Continuing employment supports (required quarterly, contact by EN to assess needs).

Other (Please explain below)

RFQ Components 4 and 5

Description of any terms and conditions related to the provision of the services and supports in (3) above.

Statement whereby the beneficiary shall give permission to the EN to contact employers on the beneficiary's behalf to verify or obtain evidence of work and earnings.

“I give permission to my service provider to contact my employer on my behalf for the purpose of obtaining evidence of work and earnings.”

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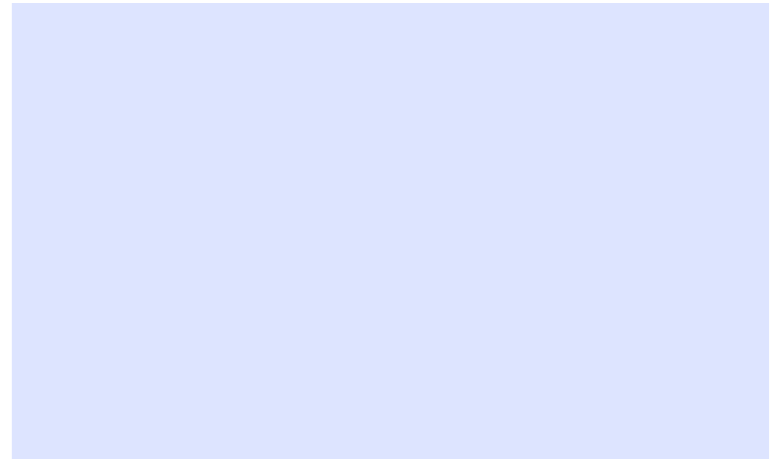
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Part Two (con't)

Continuing employment supports (required quarterly, contact by EN to assess needs).



Other (Please explain below)



RFQ Component 6

Description of the beneficiary's recent earnings history for a period of up to 18 months, but not less than 6 months, immediately pre-dating the Ticket assignment date **if the EN anticipates billing for Phase 1 milestone payments.** While 6 months is the minimum requirement for a Ticket assignment, the full 18 months will be used to determine an EN's eligibility for Phase 1 milestone payments.

Part Three: My Recent Work History

Check all that apply

- I am currently working.
- I had no earnings in the last 18 months.
- I had some earnings in the last 18 months.
 - None of my earnings were in the last 6 months.
 - Some of my earnings were in the last 6 months.

If you had earnings in the last 6 to 18 months, please describe those earnings in the following chart. List your latest employer first.

Employer	Start Date	End Date	Wage Per Hour	Hours Worked Per Week

RFQ Components 7 and 8

Statement acknowledging that the EN has informed the beneficiary of the annual progress reviews and the Timely Progress Review (TPR) guidelines.

The following eight (8) items relating to an EN's responsibilities to the beneficiaries to whom it provides services:

1. Statement that the EN may not.....
2. Statement that the beneficiary, if...
3. Explanation of the dispute resolution...
4. Statement that the beneficiary's personal.....
5. Copy of the completed IWP...
6. Explanation of the conditions...
7. Statement that only qualified employees.....
8. Statement that if the EN arranges...

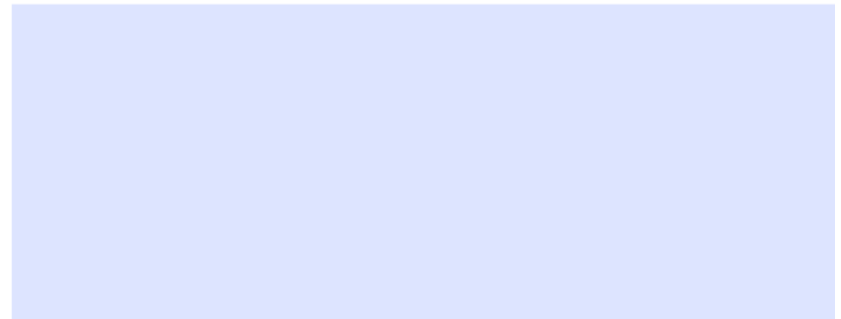
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Part Four: Conditions Related to the Success of my IWP

- I will inform my EN of changes in my contact information
- My EN will contact me as needed to share information and determine any unmet needs (at least quarterly).
- I will inform my EN of my earnings.
- While I am working, my EN will offer and provide me with ongoing employment support to help me keep working or refer me to others who can help me keep working.

My EN and I have agreed to the other conditions described below.
(If there are no other conditions, please state "no other conditions").



RFQ Components 9

Statement that upon approval of the IWP by the beneficiary and the EN, the beneficiary acknowledges assignment of his/her ticket to the EN.

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OMB No. 0960-064

Part Four: Conditions Related to the Success of my IWP

- I will inform my EN of changes in my contact information
- My EN will contact me as needed to share information and determine any unmet needs (at least quarterly).
- I will inform my EN of my earnings.
- While I am working, my EN will offer and provide me with ongoing employment support to help me keep working or refer me to others who can help me keep working.

My EN and I have agreed to the other conditions described below.
(If there are no other conditions, please state "no other conditions").

"I acknowledge by signing this document that my Ticket is assigned with this employment network."

Beneficiary Rights

- Review verbally with Ticket Holder
- Ensure clear understanding
- Promote informed choice

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OMB No. 0960-0644

I understand that I have the following rights under the Ticket to Work Program.
As my EN, [REDACTED], you:

- 1) **May not request or accept any compensation from me for the costs of service and supports provided to me as an EN.**
- 2) May change this IWP, as long as we both agree. Any change to this IWP must be made in writing.
- 3) Will provide or help me to obtain ongoing employment support, as necessary, designed to help me keep my job.
- 4) May unassign my Ticket at any time if either of us are not satisfied for any reason.
- 5) Explained its internal resolution process. If we are unable to resolve a dispute, another process is available to me through the Ticket Call Center at 1-866-968-7842.
- 6) Provided me with the phone number of the State Protection and Advocacy:

Signature Section

- Legally binding contract
- By signing contract, the beneficiary:
 - Acknowledges ticket assignment
 - Agrees to terms
 - Gives permission for EN to contact employer

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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

By signing below, you as the EN agree to repay any payments received (or allow the amount to be deducted from future payments) if it is determined at a later date that you were not entitled to payment.

Beneficiary's Signature: _____ Date: _____

EN Representative's Signature: _____ Date: _____

**Must be received by
the OSM within 14
days of signing!**

Additional Required Information

Addendum

- ✓ Business Model: Consumer Directed Services or Employer EN
- ✓ We conducted the interview over the phone
- ✓ I acknowledge by signing this document that my Ticket is assigned with this employment network
- ✓ I give permission to my service provider to contact my employer on my behalf for the purpose of obtaining evidence of work and earnings.

(EN Representative's signature) (date)

(Beneficiary's signature) (date)

IWP Methods of Submission

- FAX
 - (703) 893-4020
Attn: Ticket Assignment

- Mail
 - Social Security's Ticket to Work Program
Attn: Ticket Assignment
P.O. Box 1433
Alexandria, VA 22313



REMEMBER: You must protect Personally Identifiable Information (PII) at all times.

IWP Form

Ticket to Work Website

➤ Information Center

➤ Forms

➤ Form 1370

Individual Work Plan

<small>SOCIAL SECURITY ADMINISTRATION</small>	<small>Form Approved OMB No. 0960-0644</small>
INDIVIDUAL WORK PLAN (IWP)	
Statement of Understanding	
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Employment Network Name: _____	
DUNS: _____	
Address: _____	
Telephone: _____	
Email: _____	
My Name: _____	
SSN: _____	
Address: _____	

Questions

