

AATakeCharge Ticket to Work 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. I also understand that upon approval of this IWP by myself and the EN, that my ticket will be considered assigned to the EN unless I'm told otherwise.

EN Name: AATakeCharge

DUNS Number: 623626210

Address: 14526 Jones Maltzberger Ste. 203, San Antonio, TX 78247

Telephone: 866-701-1700 (Toll Free)

Telephone: 210-637-5610

FAX: 210-494-1075 **Email:** takecharge75@gmail.com

My Name: " " " " " " " " " " _____

My SSN: _____

My Telephone: _____ **My Email:** _____

My Address (include city, state, and zip): _____

Alternate Contact: Please provide the name, address and phone number of an individual we can contact in the event we are not able to reach you. We will only contact this person in an attempt to locate you. Information regarding your status with your agency will not be shared.

Alternate Contact Name: _____

Alternate Contact Address: _____

Alternate Telephone: _____ Alternate Email: _____

How did you learn about TakeCharge?

State Vocational Rehab Agency _____ Recorded message delivered to phone _____

Found on list of all Employment Networks providing services in my area_____

Other (please describe)_____

Vocational Goals: In the sections below, please write your short term vocational goal and your long term vocational goal along with your expected earnings for each goal. Your short term vocational goal is one that you wish to reach in the next 3-12 months. The long term goal is one you wish to reach within the next 5 years. Your short term and long term goals can be the same. **Please note: You MUST list an occupation such as teacher, sales clerk, web master, stock broker or truck driver. If you are uncertain as to what kind of job offer you are likely to accept, write in your best guess. No one will hold you to it.**

1. My Vocational Goal and Expected Monthly Earnings

Short Term Vocational Goal (in the next 3 to 12 mos.):

Expected Monthly Earnings (in the next 3 to 12 mos.):

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

Expected 9onthly Earnings (in the next 3-5 years):

2. AATakeCharge and I have agreed upon the supports/services listed below.

- Job search advice and employment related information found on www.worksupportpayments.com.
- Reimbursement for work related expenses when the proper receipts are submitted.

In signing this IWP I am agreeing that any payments I receive will be spent on goods and services that will help me remain in the workforce or advance in my career. Please check the categories below to indicate how I plan to spend work support payments.

Transportation related	Personal Care Assistance
Business/Work related clothing	Additional training/education
Job Coaching	Self Employment expenses
Computer / cell phone related	Child care or elder care
Health Care	Other disability related supports

3. My Recent Work History

_____ I had **No Work Earnings** in the last 18 months.

_____ I had some earnings but **None Over the Trial Work Level (\$770 per month)** in the last 18 months

_____ I had one or more months of earnings over the Trial Work Level (\$770 per month) in the past 18 months.

I further Authorize AATakeCharge to sign on my behalf any payment request forms for any milestones that are earned while my ticket is assigned to AATakeCharge

RIGHTS & REMEDIES

I understand that I have the following rights under the Ticket to Work Program. As my EN, **AATakeCharge**, you:

- 1) May not request or accept any compensation from me for the costs of services 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 Program where I can receive free services. The phone number is 1-866-968-7842, TDD/TTY 1-886-833-2967.
- 7) Informed me of the annual progress reviews and the Timely Progress Review guidelines.
- 8) Will keep my personal information, including my Social Security number and information about my disability, private and confidential.
- 9) Will use only qualified employees and/or providers to provide services to me.
- 10) Will provide me with a copy of this IWP and any changes in an accessible format.

Before processing this IWP, we must have a mandatory counseling session. Please indicate the best time to reach you by phone to that we may conduct this counseling. YOUR IWP WILL NOT BE PROCESSED UNTIL THE ONE-ON-ONE CONVERSATION HAS BEEN CONDUCTED

- The best day(s) of the week and time(s) to contact me are: _____
- The best phone number to reach me at during those times is: _____

Please note, permission to contact employers is a requirement for all EN contracts. You must be the person who sends a copy of pay slips to AATakeCharge so that we can receive Ticket payments from the Social Security Administration and pass Work Support Payments onto you. Instructions on where to send copies of pay slips will be provided to you. In the event that we are not able to obtain earnings information directly from you we will try to obtain earnings information through The Work Number. **In addition to providing pay statements, you are also required to provide AATakeCharge with receipts documenting the work related expenses that you are seeking reimbursement for. Failure to provide receipts will prevent us from providing you with reimbursement for those work related expenses or services.**

I declare under penalty of perjury that I have examined all the information on the form and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

By signing my name below, I agree to the terms of this IWP. I give permission for the EN named in this IWP to contact employers on my behalf to verify or obtain evidence of work or earnings.

Beneficiary's Signature:	EN Representative's Signature:
Date:	Date:

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