

## Employment Network Payment Request Form

This form may be used to request Evidentiary Payment Requests (EPRs)

**To Ensure Prompt and Accurate Payment to Your Employment Network, Please Complete the Following Form And Attach Any Acceptable Earnings Information Required**

### I. Employment Network Information

EN Organization Name:

PID Number:

Is the financial institution and bank account information provided to SAM.GOV current?

- Yes  
 No (if no, please contact SAM @ **1-866-606-8220** before submitting this request)

**Incorrect Or Outdated Information May Delay Or Prevent Payment Issuance  
To Your Employment Network**

### II. Ticketholder Information

Ticketholder's Name:

Ticket Number/Social Security Number:

Name of Ticketholder's Employer:

Employer's Address:

Payment method for this Ticket Assignment:

- Outcome Payment Method  Milestone-Outcome Payment Method

### III. Phase 1 Milestone 1 Earnings Information

Select one option only if requesting a Phase 1 Milestone 1 payment.

- Ticketholder achieved Trail Work Level (TWL) earnings during the calendar claim month.  
 Ticketholder achieved less than TWL but expects to achieve TWL earnings within the next 2 months.

**IV. Payment Request Details**

Payment Request Type

 Evidentiary Payment Request-

Claim month(s) and year(s) for this payment request:

Proof of Relationship Details

If requesting Phase 1 Milestone 1, 2, or 3, in the table below describe in detail the services provided with the date the services were provided during the Milestone period.

Milestone Payment	Date of Service	Description of Services
P1M-1		
P1M-2		
P1M-3		

**V. Evidentiary Earnings Information**

Type of earnings documentation submitted: (these items must be included with this form)

- Pay Slips
- Employer prepared and signed employee earnings statement
- The Work Number <http://www.theworknumber.com/>

**\*\*If submitting a signed Employer Prepared Earnings Statement or The Work Number Report, proof of relationship is required.**

***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 statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.***

**VI. Repayment Agreement (signature required):**

***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.***

Signature:

Date:

**VII. Contact Information for the Employment Network Representative Submitting this Request**

Print Name:

Phone Number:

Fax:

Email:

## Privacy Act Statement Collection and Use of Personal Information

Section 1148, of the Social Security Act, as amended, authorizes us to collect this information. The information is needed to permit the Social Security Administration (SSA) to verify eligibility for payment.

The information you furnish on this form is voluntary. However, failure to provide all or part of the information requested on this form could prevent you from receiving payment.

We rarely use the information you supply for any purpose other than for monitoring the progress of a participant in the Ticket to Work and Self Sufficiency Program. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to:

- (1) To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
- (2) To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs);
- (3) To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- (4) To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notices 60-0295 and 60-0300. The notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

## Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO: TICKET TO WORK, PO BOX 1433, ALEXANDRIA, VA 22313 OR FAX TO 703-893-4020. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**