Employment Network

HANDBOOK

for Employers

Turning Diversity into Dollars…

The Many Benefits of Hiring Workers with Disabilities

Ticket to Work

Letter from Sue Suter,
for the Employment Network Handbook for Employers

Dear Employer:

We are pleased to provide this handbook on how to become an Employment Network (EN) under the NEW Ticket to Work Program. By using this guide you will see that becoming an EN is an exciting new venture that provides you with access to a whole new source of potential employees, and at no cost to your company. To make becoming and EN easy, we have assembled a first-rate team to provide ongoing support to you every step of the way.

Two important benefits to becoming an EN are —

1. *You can recruit from hundreds of Social Security disability beneficiaries who want to work; and*
2. *You can generate over $4,700 in income within the first 9 months of a beneficiary's employment. There is even more to be earned over time. To see what your earning potential may be, check the EN Payment Estimator at this link: www.cessi.net/en_estimator/*

You are probably wondering why the Social Security Administration (SSA) is offering a financial incentive to employers to hire people with disabilities. The goal of the Ticket to Work Program is to reduce the individual's dependence on Social Security cash benefit programs and increase their financial independence and quality of life through gainful employment. We know that the majority of people with disabilities want to work, but often employers are misinformed about hiring and keeping people with disabilities on the job. We believe the financial incentives in the Ticket Program provide employers with a unique opportunity to find that people with disabilities are qualified, reliable and productive workers who will help grow your bottom line.

This handbook will provide you with what you need to know to become an Employment Network. We hope you will join the other businesses and companies that have become ENs and have experienced great success in hiring people with disabilities.

Please do not hesitate to contact us for more information.

Sincerely,

Sue Suter

Sue Suter
Associate Commissioner, Office of Employment Support Programs,
Social Security Administration

This Employment Network Handbook for Employers was developed by the Social Security Administration's Office of Employment Support Programs. Wilson Resources, Inc. worked under Contract SS00-06-60017 with the SSA Ticket to Work Program Manager for Recruitment and Outreach, CESSI Division of Axiom Resource Management, Inc., to produce the handbook in June 2008.

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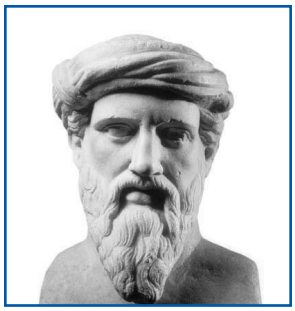
Benefits of an Untapped Employee and Customer Market



Where would the world be without the contributions of people with disabilities?

Stephen Hawking: Perhaps the world's most accomplished astrophysicist whose theories draw upon both relativity theory and quantum mechanics. Much of his work was done after he was diagnosed with Amyotrophic Lateral Sclerosis, also called "Lou Gehrig's Disease."

James Earl Jones: One of America's best known actors with a resonant voice once stuttered badly.

Sir Winston Churchill: The eloquent scholar who led Great Britain through World War II worked hard all his life to overcome a speech impediment.

Annie Sullivan: Helen Keller's teacher and lifelong friend was herself nearly blind due to a childhood illness.

Pythagoras: The first "pure mathematician" from Greece had epilepsy.

People with disabilities are America's largest minority group. It is estimated that 1 in 5 Americans has a disability (19.3%).

Source: Census 2000 Brief

According to the U.S. Census 2003 American Community Survey, there are 19,871,681 working age Americans with disabilities between the ages of 21-64. This number will increase as baby boomers grow older and more veterans with disabilities return from Iraq and Afghanistan.

"Employment is the largest gap area for people with disabilities, with 35% of people with disabilities working full or part-time as compared to 78% of the rest of the population. That equates to a 65% unemployment rate."

The 2004 Harris Survey on Disability Trends
Conducted by The National Organization on Disability (NOD)

Dispelling Myths About Hiring Workers with Disabilities

The Business Case for Hiring Workers with Disabilities

A 2007-08 Florida survey of employers found that the leading impediment to hiring people with disabilities, in their opinions, was "attitudes at all corporate levels."

(Survey conducted by Wilson Resources, Inc. in cooperation with The Able Trust)

Employer Myth #1: "Accommodations are too expensive!"

Most accommodations (81%) cost under $100 and in 2003, 73% of employers found that their employees with disabilities did not require accommodations. Blue Cross Blue Shield of Florida found that accommodations made for employees with disabilities benefited its existing aging workforce.

An Example: Walgreens

Walgreens' Anderson, South Carolina Distribution Center employs 185 workers with disabilities, nearly half (43%) of their 430 workers are people with disabilities. Walgreens has found that the distribution center in Anderson is no less productive than its other centers. In fact, Anderson is more productive. The training and technologies that help workers with disabilities do their jobs help all employees do their jobs better. (Source: ABC News feature story on Walgreen's disability hiring initiative, February 2008)

Employer Myth #2: "I'll be sued!"

Very few businesses experience disability-related claims. In fact, Equal Employment Opportunity Commission (EEOC) 2005 data show that people with disabilities filed fewer claims than people of color, gender or age.

An Example: U.S. Chamber of Commerce, Center for Workforce Preparation

In a 2003 survey, 91% of respondents indicated that they were not aware of any Americans with Disability Act (ADA) complaints filed against their companies in the last 12 months.

Employer Myth #3: "My Workers' Compensation Rates will be affected!"

Workers' Compensation rates are based on the nature of the business, the jobs employees perform and use of benefits. People with disabilities have not been found to increase workers' compensation rates.

An Example: Walgreens

Walgreen's Anderson, South Carolina Distribution Center employs 185 workers who have disabilities (43% of the workforce). Over the course of 9 months, Walgreens saved $17,000 due to fewer incidents caused by its employees with disabilities. Incidents that occurred were less costly, there was less property damage and the workers with disabilities returned to work in less time. (Source: Walgreens, March 2008)

Employer Myth #4: "They cannot perform the job!"

The U.S. Chamber of Commerce's Center for Workforce Preparation found that industry reports in 2002 showed employees with disabilities were average or above average in performance, attendance, and safety.

An Example: DuPont

A 1990 DuPont study which involved 2,745 employees with disabilities found that 92 percent of employees with disabilities rated average or better in job performance compared to 90 percent of employees without disabilities.

Employer Myth #5: "They all quit!"

The U.S. Chamber of Commerce's Center for Workforce Preparation found that hiring a worker with a disability is both a retention and an employment strategy – workers with disabilities have higher than average retention rates and company loyalty.

Employer Myth #6: "Hiring people with disabilities will scare my customers away!"

Marketing studies in 2003 found that 54% of households patronize businesses that feature people with disabilities in their ads. Disability friendly businesses earn the lucrative and loyal patronage of people with disabilities, their families and friends.

A 2006 report on a national survey of 803 consumers randomly selected from across the U.S. found that 92% felt more favorable toward companies that hire people with disabilities and 87% said they would prefer to give their business to such companies.

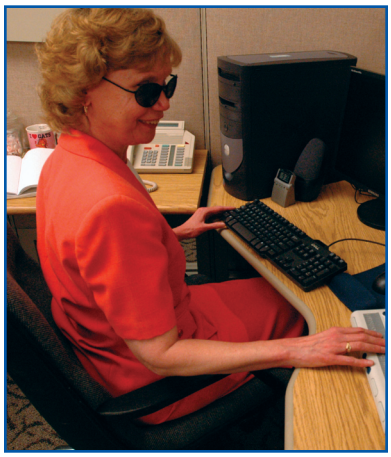
Employer Myth #7: "I do not know where to find qualified applicants with disabilities!"

There are organizations in every community dedicated to helping people with disabilities find jobs. Vocational Rehabilitation providers (both public and private) are in every state and most areas. One-Stop Centers (servicelocator.org) and Veterans' groups are also available to help you. If you become an Employment Network, you can receive names and contact information of people with disabilities in your specified geographic location.

Overview of the Ticket to Work Program Design

Any entity can apply to become an Employment Network (EN).

- Application assistance is provided by CESSI, SSA's Program Manager for Recruitment and Outreach.
- The application is processed and approved by SSA.
- Once approved as an EN, Maximus, SSA's Program Manager for Operations, provides ongoing program support.



ENs receive information on Ticket Holders in their area and Ticket Holders receive information on ENs available to serve them.

The Ticket Holder and the EN agree to work together and develop an Individual Work Plan (IWP) that outlines the mutual commitment they are making to each other.

- Many Ticket Holders will wish to meet with a Community Work Incentive Coordinator (CWIC) through the Work Incentives Planning and Assistance (WIPA) Program prior to making any agreements. Find the WIPA nearest you by visiting http://www.socialsecurity.gov/work/WIPA.doc.

The IWP is approved by Maximus.

- The EN provides the agreed upon return to work services.
- The Ticket Holder performs the agreed upon actions to return to work.
- The Ticket holder is provided with protection from Social Security's continuing disability reviews.

The Ticket Holder and EN stay in contact with each other and share wage information (via paystubs or monthly contacts) or the EN attains Unemployment Insurance data.

Once the Ticket Holder is working at a level that justifies a payment to the EN, the EN applies for payment from Maximus.

- Payments are direct deposited into the EN's account.

If at any point in time, the EN or the Ticket Holder chooses to exercise their right to dissolve the relationship, Maximus is contacted in writing.

Overview of the Employment Network

Benefits to Employers, Including the 2008 EN Payments

Employers want qualified workers. Workers with disabilities want to work.

The Social Security Administration's NEW Ticket to Work is a no-risk opportunity for employers to benefit from the untapped source of workers with disabilities.

A. EMPLOYMENT NETWORK: SSA's NEW Ticket to Work

- The program assists SSA beneficiaries with disabilities (i.e., those receiving Social Security Disability Insurance - SSDI and/or Supplemental Security Income - SSI) return to, or start work.
- Becoming an EN will help your company gain easier access to the employees you need! SSA offers a large pool of beneficiaries who want to work.
- The overall goal of the Ticket to Work is to reduce reliance on Social Security Disability benefits through gainful employment.

B. WHY BECOME AN EN?

- Grow your bottom line – by becoming an EN you can reduce your labor costs;
- There is no cost or risk to become an EN;
- Gain access to beneficiaries, an untapped source of employees;
- Expand your business connections;
- Receive timely and responsive support; and
- The payments you receive from the Ticket program are yours to use as you choose.

C. EMPLOYMENT NETWORK PAYMENTS WHEN EMPLOYERS HIRE SSA BENEFICIARIES WHO ARE TICKET HOLDERS - 2008 Rates

Payment Type	Beneficiary earnings	SSDI amount of payment	SSI amount of payment
Phase 1 (120% of SSDI PCB)			
Milestone 1	$335 for one month	$1,177	$1,177
Milestone 2	$670/mo. x 3 months work (cumulative)	$1,177	$1,177
Milestone 3	$670/mo. x 6 months work (cumulative)	$1,177	$1,177
Milestone 4	$670/mo. x 9 months work (cumulative)	$1,177	$1,177
Phase 1 Milestones		**$4,708**	**$4,708**

Payment Type	Beneficiary earnings	SSDI amount of payment	SSI amount of payment
Phase 2 (36% of PCB*)			
SSDI Milestone Months 1-11	Gross Earnings > SGA ($940/$1,570)**	$353 x 11 = $3,883	
SSI Milestone Months 1-18			$203 x 18 = $3,654
Phase 1+2 Milestones		**$8,591**	**$8,362**
Monthly Outcome Payments (36% of PCB)			
SSDI = 1-36	Earnings > SGA ($940/$1,570)*/month and a federal cash benefit = $0	$353 x 36 = $12,708	
SSI = 1-60			$203 x 60 = $12,180
Total Potential Milestone and Outcome Payments		**$21,299**	**$20,542**

* NOTE: PCB - payment calculation bases

** NOTE: Substantial Gainful Activity (SGA) level for beneficiaries who are blind is $1,570.

Important Reminder: Actual EN payments depend on a number of variables and may be different for different beneficiaries. For example, since the Phase 1 Milestones are intended to compensate for the services that led to the beneficiary's initial engagement in the workforce, the availability of the Phase 1 Milestones may be impacted if the beneficiary has a previous work history or if the beneficiary is working when s/he assigns his Ticket to you as an EN. Specifically, each of the four Phase 1 Milestones may be impacted if the beneficiary worked during the 18 months just prior to assigning his/her Ticket to your company. In addition, if the beneficiary first received services from the State Vocational Rehabilitation (VR) agency and the beneficiary's VR case was closed with the beneficiary in employment, none of the Phase 1 Milestones would be available to you as the EN to which the beneficiary subsequently assigned his/her Ticket . If you are an EN that has selected the Outcome only EN payment option, a beneficiary's previous work history or his/her involvement with VR would not in any way impact you ability to secure all available Outcome payments so long as the beneficiary's net earnings exceed the applicable SGA level and the beneficiary continues to be in a zero cash payment status.

Employers' Fact Sheet

"The Social Security Administration's NEW Ticket to Work program may be a way for your company to be PAID in excess of $4,000 in the first 9 months when you hire employees with disabilities who are SSA beneficiaries."

Leslie L. Wilson, CEO, Wilson Resources, Inc., Tallahassee, Florida

- The Social Security Administration (SSA) pays benefits to qualified people with disabilities under two different programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). More than 12 million Americans are receiving these monthly benefits and many of these beneficiaries want to work.
- SSA's Ticket to Work (TTW) program is aimed at providing disability beneficiaries with the resources and choices to secure gainful employment.
- An employer who becomes an approved Employment Network (EN) in SSA's TTW program can receive payments based on hiring a qualified beneficiary with disabilities who attains certain levels of earnings. These payments can potentially exceed $20,000 per beneficiary.
- The TTW program increases an employer's opportunities for success:
  - **Grow your bottom line!** You can get PAID for hiring qualified employees who happen to be currently receiving disability benefits from SSA.
  - **Gain easier access to the employees you need!** SSA offers a large pool of beneficiaries who want to work.
  - **Diversify your workforce and get paid for meeting Affirmative Action requirements!** Covered federal government contracts include an Equal Opportunity for Workers with Disabilities clause, which states, "The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified individuals with disabilities without discrimination based on their physical or mental disability in all employment practices…"
  - **Expand and diversify your business connections!** The TTW program encourages collaboration between employers and other community organizations.
  - **Receive timely and responsive support from SSA!** The TTW program offers a streamlined application process, training, responsive support, and tracking of your claims through to payment. There is guidance and assistance at each step.
- Some of the early payments are made based on the beneficiary having earnings

consistent with part-time work and have the potential to generate more than $4,700 in the first 9 months of the beneficiary's employment. (Please note that EN payments are dependent on a number of variables and may be different for each beneficiary who is hired.)

- When you hire people with disabilities participating in SSA's TTW program, you may also be able to take advantage of the Work Opportunity Tax Credit (WOTC). (See appendices.) The WOTC reduces employers' federal tax liability by as much as $2,400 per qualified worker in the first 12 months for each new hire.
- If you are able to take advantage of the SSA's TTW and the WOTC, you may be able to recoup more than $7,000 in first year wages for each new employee with a disability. For more information on the Work Opportunity Tax Credit, visit: www.doleta.gov/business/Incentives/opptax/.

For more information about SSA's TTW program, visit: www.ssa.gov/work or call SSA's Program Manager for Recruitment and Outreach, CESSI at 1-877-743-8237 (v/tty).

How to Become an Employment Network – Forms and Other Requirements

Information relating to the operational aspects of being an Employment Network in the Ticket to Work Program is handled by MAXIMUS, the Operations Support Manager, under contract with the Social Security Administration and can be found at www.yourtickettowork.com.

General information about the Ticket to Work Program and assistance in submitting a proposal is available at socialsecurity.gov/work.

Part 1: Where do I get the forms for my proposal to get started?

The EN Request for Proposal (RFP), complete with all instructions and requisite forms, is available for review and downloading at www.ssa.gov/work/enrfp.html. Selected sections of the EN RFP can be found in Appendix 1.

Help is available to you in completing the EN RFP

If you have any questions or need guidance in completing the EN RFP, the CESSI Recruitment and Outreach Team is ready to assist your company every step of the way.

- **To contact a CESSI Recruitment & Outreach Team member**

  SSA Ticket to Work Recruitment and Outreach Team
  Email: application@cessi.net or emalsch@cessi.net
  Toll-free at (877) 743-8237 or (703) 448-6155, ext. 203.

Part 2: Before you begin the RFP process, you will need the following items. All information must be current.

This includes: (checklist below)

- ☐ **EIN:** Your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN);
- ☐ **CCR:** Register or verify that your company is registered as a Federal Contractor on the Central Contractor Registration (CCR) website;
- ☐ **DUNS:** Your EN name must have a matching Data Universal Numbering System (DUNS) number and profile at Dun and Bradstreet;

- ☐ **DIRECT DEPOSIT:** Your EN name must be on the direct deposit bank account used for EN payments; and
- ☐ **GENERAL OR PROFESSIONAL LIABILITY INSURANCE:** Your EN name must be on your insurance policy. A copy of the insurance policy or a certificate of insurance signed by the agent or broker is necessary before an EN contract can be awarded.

How to request an EIN, CCR, DUNS, General or Professional Liability Insurance and other mandatory documentation:

☐ **EIN: Employer Identification Number (EIN) or Taxpayer Identification Number (TIN):**

Your company must have an EIN, and the EIN must be issued in the name of the EN on the EN application. You cannot use your Social Security Number in lieu of an EIN.

An EIN may be obtained from the Internal Revenue Service by calling 1-800-829-1040 or via the web at www.irs.gov.

☐ **CCR: Register or update your Central Contractor Registration (CCR) as a Federal Contractor by completing the online registration form found on the CCR website: www.ccr.gov.**

Register your company as a Federal Contractor on the Central Contractor Registration website, www.ccr.gov. This is a requirement of all ENs and an important step in the application process; your company's Federal Contractor registration must be current/active in order to be an awarded EN.

If your company previously registered as a Federal Contractor, please conduct a search on the CCR website (using your DUNS number) to determine if your company's registration is active or inactive. If inactive, renew your registration by clicking on the "Update or Renew Registration" link on www.ccr.gov and follow the instructions provided. You must renew your company's CCR registration every year.

If you are unsure whether your company has registered as a Federal Contractor in the past, conduct a search on the CCR website (using your DUNS number) prior to completing a new registration. If, after the search, your company does not appear in the registration database, register by clicking on "Start New Registration" and follow the instructions provided.

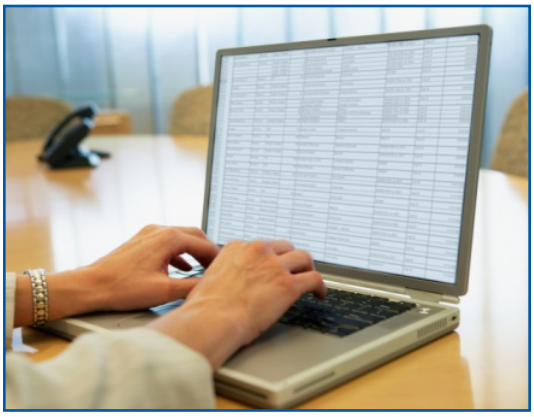
For more help with the CCR registration, visit the Help link provided on the www.ccr.gov website or call 888-227-2423.

- ☐ **DUNS: Securing a Data Universal Numbering System (DUNS) number and profile at Dun and Bradstreet Information Services:**

  The DUNS number is a 9-digit number assigned by Dun & Bradstreet Information Services. Every EN must have a DUNS number. The DUNS number is the Federal Government Contractor Identification code for all procurement related activities. If your company does not already have a DUNS number, one may be obtained directly from Dun & Bradstreet at 1-800-333-0505 or you may apply online at www.dnb.com.

  To receive a FREE DUNS Number: If you do not possess a DUNS number, you may receive one at no cost online at www.dnb.com. It will take from 30 to 60 days to process. You may also call and request a free DUNS number; it may take 7-14 days. To expedite this request, a DUNS number can be provided for a fee by calling 1-800-333-0505.

- ☐ **DIRECT DEPOSIT:**



  Your EN name must be on the direct deposit bank account used for EN payments. (Complete the ACH Vendor/Miscellaneous Payment Enrollment Form)

  You will need your company's financial institution information. This includes your bank's Automated Clearing House (ACH) coordinator name, 9-digit routing transit number, and the signature and title of an authorized bank official. This form is used for ACH payments with an addendum record that contains payment-related information processed through the Vendor Express Program.

- ☐ **GENERAL OR PROFESSIONAL LIABILITY INSURANCE:**

  Your EN name must be on your insurance policy. A copy of the insurance policy or a certificate of insurance signed by the agent or broker is necessary before an EN contract can be awarded.

  All ENs must have General or Professional Liability Insurance as described below. (The insurance must be maintained during the entire term of the contract.):

  - All contractors are required to maintain either General Liability or Professional Insurance with a minimum coverage of $500,000 per occurrence.
  - In addition, contractors who provide health care services are required to obtain Medical Liability Insurance with a minimum coverage of $500,000.

Part 3: EN RFP Checklist

Download the EN RFP: http://www.socialsecurity.gov/work/enrfp.html.

A complete EN RFP includes Part III, Employment Network Proposal Documentation Requirements, Sections 1 through 5.

This includes:

- ☐ Form 1449
- ☐ Section 2: Employment Network Information Sheet, Items A-R
  - ☐ Item G, for multiple locations. (For multiple locations, please check G(b) and include the EN Information Sheet as the addendum.)
  - ☐ Item P, EN Qualification Documents
  - ☐ Item Q, Liability Insurance
- ☐ Section 4: ACH Vendor Form
- ☐ Section 5: Offeror Representations and Certification of the original EN RFP.

How do I complete the RFP?

Mandatory Documentation Required

- ☐ Form 1449 — This will be your first page of the EN Application. Once completed, please be sure to sign and date this form.
- ☐ Section 2: EN Information Sheet

  This section asks for basic EN Information. You will need to have your Employer Identification Number (EIN) and your Data Universal Numbering System (DUNS) number available.

  Item G, for multiple locations

  The information sheet should be completed for each additional or different location, access information and/or service your organization wants to be published publicly for beneficiaries in the online EN Directory at www.yourtickettowork.com. Please fill out one addendum for EACH different delivery location.

  Item P, EN Qualification Documents

  EN Qualification Scenarios for Employers:

  1) As defined in the RFP, Part II Statement of Work, Submitting Proof of Qualifications, to meet the required specific criteria, an Employer

may submit "other documentation that demonstrates an Offeror's qualifications to provide or arrange for the provision of employment services." Such qualifications may be based on education and/or experience.

Some examples of documentation showing qualifications based on education and/or experience include, but are not limited to, the "employer's statement that its human resources department includes staff with degrees in vocational counseling, human relations, teaching or psychology." The EN Contracts Team will accept a resume in this scenario.

2) In addition to a resume, it will be helpful and advantageous for you to submit information on your company and a statement of work which outlines how your company is going to deliver the EN services. This should also include which resources/specialist your company has or will bring on board to carry out the functions of an EN (e.g., a contract with, or an obtainment of an endorsement letter from the local One Stop Career Center).

3) If the Employer cannot provide the aforementioned documentation supporting EN Qualification requirements, the "Offeror should provide a description of their program/plan/strategy for hiring individuals with disabilities, as well as an explanation regarding how they will use their expertise/experience to administer such a program/plan/strategy in a way that assists and supports those individuals in achieving and maintaining their employment goals."

Item Q ., Liability Insurance - Please attach a copy of the insurance certificate with your EN application.

Once you complete Section 2, Items A-R, make sure that item R is signed by the EN official with signatory authority.

☐ Section 4: ACH Vendor Form

The ACH Vendor/Miscellaneous Payment Enrollment Form must be completed and submitted with your proposal to allow SSA to direct payments electronically to your designated account.

Under the portion of the form entitled Financial Institution Information, the "Depositor Account Title" is the name which should appear on the check.

The shaded signature block entitled "Signature and Title of Authorized Official" at the bottom of the form is to be completed by the bank official only.

Contract award will not be made until this form is received.

The information you provide on this form is for government use only to facilitate the electronic payment from SSA to the EN contractor and will not be released to entities outside of the Operations Support Manager (OSM) contractor, SSA or your designated financial institution.

- ☐ Section 5: Offeror Representations and Certification of the original EN RFP.

  This section includes a variety of certifications associated with all Federal contracts. As you will see, many do not apply to the type of work done by an EN. However, you must complete this entire section and include it with your RFP.

Submitting Your RFP:

Electronically: The fastest and most efficient way for the RFP to be processed is by submitting it electronically. Please complete all of the applicable sections and save them electronically. Then put the entire package together, including the supporting documentation, e.g., Certificate of Liability Insurance and proof of EN qualifications, scan the complete package, save it and email to ENContracts@ssa.gov.

TIP: If you do not have a high quality scanner, go to an office supply house or copy center and request that they scan the entire document for you and save it to a CD or jump drive. Then you can email it from your computer to ENContracts@ssa.gov.

Fax: You may also fax the completed RFP and supporting documents to (410) 597-0429.

Mail: The slowest method of processing is to submit your RFP via regular mail or FedEx.

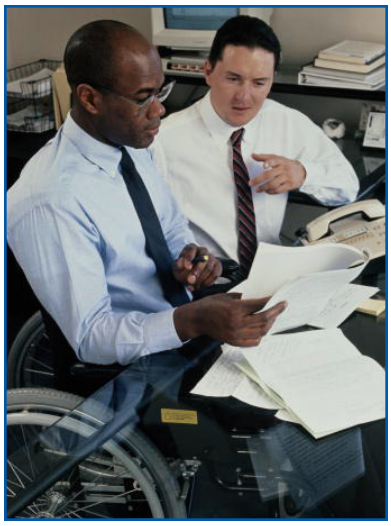
To mail your RFP, send it to:

Social Security Administration
Employment Network Proposals
Attn: Employment Network Contracts Team
P.O. Box 17778
Baltimore, MD 21235-17778

Once you have completed and submitted your EN application using one of the three methods described here, the EN Contracts Team will help you with the entire award process. Just email them at ENContracts@ssa.gov.

How to Find Qualified Workers with Disabilities Who Are SSA Beneficiaries

What happens after your Employment Network application is approved?



1. Once approved as an EN, MAXIMUS, the Social Security Administration's Operations Support Manager, provides ongoing program support.
2. ENs receive information on beneficiaries in their area and beneficiaries receive information on ENs available to serve them.

   NOTE: To locate additional qualified individuals with disabilities please consider the services of the Employer Assistance & Recruiting Network (EARN). EARN is the nation's premier provider of cost-free services to help employers recruit and hire qualified workers with disabilities to meet their workforce needs. In addition, EARN assists employers in understanding the practical business reasons for, as well as the practices that facilitate the recruitment and hiring of, people with disabilities. Additional information on EARN can be found at www.earnworks.com and in the appendices of this handbook.

   EARN is an initiative funded by the Office of Disability Employment Policy (ODEP) under the Department of Labor (DOL).
3. The beneficiary and the EN agree to work together and develop an Individual Work Plan (IWP) that outlines the mutual commitment they are making to each other. (For a copy of the IWP, see Appendices).
4. The IWP is submitted to and approved by MAXIMUS.
5. Services, as outlined in the approved IWP, are provided to the beneficiary and the beneficiary (employee) works.
6. The EN (employer) arranges with the beneficiary (employee) a way to provide the employee's wage information to MAXIMUS (please see page 25 of this manual on how to submit wage information to MAXIMUS).

   NOTE: If the beneficiary is still receiving cash benefits from Social Security, s/he needs to report wage information to SSA.
7. Once the beneficiary is working at a level that justifies a payment to the EN, the EN submits a request for payment from MAXIMUS.
8. Payments are direct deposited into the EN's bank account.

9. The EN receives a 1099 form from the SSA shortly after the first of the next tax year reflecting that income. The income received is taxable, unless your company does not pay taxes.

If at any point in time, the EN or the beneficiary chooses to exercise their right to dissolve the relationship, MAXIMUS must be contacted in writing.

Ticket to Work Support

www.yourtickettowork.com

Ticket Training Tuesdays

Interactive training modules are designed to assist Employment Networks with the fundamentals of working within the Ticket to Work Program. These calls offer a great opportunity to train new and existing staff and to network with fellow ENs and EN Ambassadors to share tips and promising practices.

The "Ticket Training Tuesdays" calls begin at 1:00 PM ET. To join the calls, simply dial 1-800-480-6924 and provide the participant code: "Ticket to Work" and your name and contact information to the operator. You can download teleconference materials at the www.yourtickettowork.com website. There is no need to pre-register.

For more information on Ticket Training Tuesdays, please contact MAXIMUS at 1-866-949-ENVR.

Ticket Training Tuesdays CDs

This training series is also available for free on CD-Rom. To request a CD, email ENOperations@yourtickettowork.com. Simply provide your name, address and desired quantity.

Notes Field

An enhanced EN Directory listing is available with a text message to further define services and advertise the additional services, partners, or accomplishments. Text messages can be up to 270 characters in length and will appear beneath the organization's name on the EN Directory that is mailed to beneficiaries and available at: www.yourtickettowork.com.

Beneficiary Referral List CD

Customized CDs including the name, address, phone number, age and recent work history of beneficiaries who have Tickets available for assignment (or their legal guardians/representative payees) within a designated location are mailed out monthly to approved ENs and Vocational Rehabilitation agencies.

EN-Vocational Rehabilitation Training Queue

You may call 1-866-949-ENVR (3687) and select your preferred language. Prompts 2 and 4 will reach an EN-VR training representative to answer any of your training questions.

How Ticket Payments are Handled and What is Involved in Billing SSA

Milestone & Outcome Payments are requested by submitting:

The EN Payment Request Form (See Appendix 4) and

Evidence of Earnings (two options)

- Option 1: Evidentiary Payment Request (EPR) or

  Documentation that must accompany an Evidentiary Payment Request (EPR):

  - Pay stubs, or
  - Employer-prepared/signed earnings statements, or
  - Records of monthly earnings can be accessed for some individuals through The Work Number, an income verification service: www.theworknumber.com.

- Option 2: Certification Payment Request (CPR)

  Documentation that must accompany a Certification Payment Request (CPR), which includes a statement of agreement to repay, includes:

  - Recent, dated contact with beneficiary/employer, or
  - Attached Earning Inquiry Request (EIR) response – earnings 3X Substantial Gainful Activity (SGA) for the quarter, or
  - Attached information from National Directory of New Hires (NDNH), or
  - Self-Employment Income (SEI) Form.

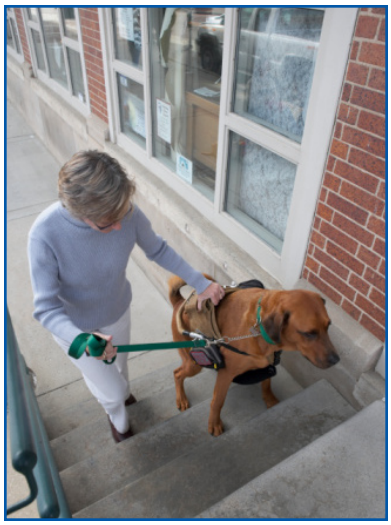
The Social Security Administration is developing an Auto-Pay option that uses data from the National Database on New Hires (NDNH) and SSA's data on payment status to confirm a beneficiary's earnings and zero-pay status (i.e., the criteria used to trigger Outcome payments). Although it will take longer to confirm this information using this system (i.e., it could take 9 to 12 months after a beneficiary is employed), this option does not require an EN to track a beneficiary's earnings. Any EN that chooses to use this option must sign and submit a "blanket repayment agreement" for those instances when SSA makes a payment to an EN and later finds that the criteria for the payment had not been met.

For Complete Ticket Payment and Payment Request Information, See Appendices:

- The Ticket to Work Payment Request Guide: Reference Guide for Employment Networks and State Vocational Rehabilitation (See Appendix).
- Employment Network Payment Request Form (See Appendix).

The Ticket and the Work Opportunity Tax Credit

An Employer Incentive Developed by Wilson Resources, Inc.



Background

The Work Opportunity Tax Credit (WOTC) has been extended through
August 31, 2011.

What is the WOTC?

The WOTC reduces an employer's federal income tax liability by as much as $2,400 per qualified worker. An employer may take a tax credit of up to 40 percent of the qualified worker's first $6,000 in wages paid during the first 12 months for each new hire (maximum credit per qualified worker is $2,400). Qualified workers are from groups considered to face barriers to employment, including individuals with disabilities who meet certain eligibility criteria (see list below). The credit can be claimed by the employer during the first year of employment.

All new adult employees must work a minimum of 120 days or 400 hours; Summer Youth must work at least 90 days, between May 1 and September 15, before the employer is eligible to claim the credit.

There are ten target groups for WOTC eligibility:

1. Qualified recipients of Temporary Assistance to Needy Families (TANF).
2. Qualified veterans who are receiving Food Stamps.
3. Qualified economically disadvantaged ex-felons hired no later than one year after conviction or release from prison.
4. High risk youth ages 18 through 24 who reside in a federally designated Empowerment Zone, Enterprise Community, or Renewal Community.
5. Vocational Rehabilitation referrals. An individual who is certified by the designated local agency as:

   (1) having a physical or mental disability which, for such individual, constitutes or results in a substantial barrier to employment, and

   (2) was referred to the employer upon, or at any time after, completing or while receiving vocational rehabilitative services pursuant to an Individualized Plan for Employment (IPE) under a State plan for vocational rehabilitation

services approved under the Rehabilitation Act of 1973, or a vocational rehabilitation program for veterans carried out under Chapter 31 of Title 38, United States Code.

6. Qualified summer youth ages 16 through 17 who reside in a federally designated Empowerment Zone, Enterprise Community, or Renewal Community and have not previously worked for the employer seeking this tax credit.
7. Qualified Food Stamp recipients ages 18 through 40.
8. Qualified recipients of Supplemental Security Income (SSI). Any individual who is certified by the designated local agency as receiving SSI benefits under title XVI of the Social Security Act (including Social Security Income benefits of the type described in section 1616 of such Act or section 212 of Public Law 93-66) for any month ending within the 60-day period ending on the hiring date.
9. Long-term recipients of Temporary Assistance to Needy Families (TANF)/Aid to Families with Dependent Children (AFDC).
10. SSA Ticket to Work Holders. To determine beneficiary eligibility, fax page 1 of Form 8850 to MAXIMUS to verify if the applicant:

    (1) is a Ticket Holder, and

    (2) has an Individual Work Plan from an EN. The MAXIMUS fax number is: (703) 683-0957.

How does my company take advantage of the tax credit?

Taking advantage of the WOTC is fairly simple. Employers must:

1. Complete the one page Internal Revenue Service Form 8850 by the day the job offer is made.
2. Complete either the one page Electronic Transfer Account (ETA) Form 9061 or Form 9062.

   A. If the new employee has already been conditionally certified as belonging to a WOTC target group, complete the bottom part of the Electronic Transfer Account Form 9062 (and sign and date it), that he or she has been given by a State Employment Security Agency or participating agency, e.g., a Job Corps center.

   B. If the new employee has not been conditionally certified, the employer and/or the new employee must fill out and complete, sign and date Electronic Transfer Account Form 9061.
3. Mail the signed IRS Form 8850 and Electronic Transfer Account forms to the employer's State Workforce Agency.

The Internal Revenue Service Form 8850 must be mailed no later than 28 days after the new employee's employment start date.

For more information on WOTC, the state list of WOTC Coordinators, and for copies of the forms, please go to www.doleta.gov/business/incentives/opptax/

For a copy of IRS Forms 9061, 9062 and 8850, see Appendix.

SOURCE: On May 25, 2007, President Bush signed into law the Small Business and Work Opportunity Tax Act of 2007 (P.L. 110-28). The legislation modifies the WOTC provisions in the Tax Relief and Health Care Act of 2006, signed into law on December 20, 2006, and extends the tax credit through August 31, 2011.

Frequently Asked Questions

1) My company works with companies that operate in several states. According to the application directions, to become an Employment Network they must show a partnership with an organization that provides employment services (Vocational Rehabilitation, etc.) – will they have to have agreements with area employment providers?

   Answer: The EN does not need to show a partnership with an organization that provides employment services. I believe you are referring to the EN Qualifications section (Request For Proposal, Section 2, Item P). An entity applying to become an EN must demonstrate evidence to provide EN services (employment or employment support services) to SSA beneficiaries. This is not necessarily implying a partnership as you stated, although some organizations applying in fact do have an agreement or have a state certification/accreditation. In the case of an employer, the employer would need to submit information on the company, proving it is an established, legitimate company. Your company can simply submit a copy of your business license, marketing brochures, and/or information on who will be working with the SSA beneficiaries your company will hire (i.e., Human Resource personnel's credentials).

2) In completing the EN Request For Proposal, the application asks for EN Qualifications. What documentation can our organization provide to show our qualification to become an EN?

   Answer: EN Qualification for Employers:

   1) As defined in the Request For Proposal, Part II Statement of Work, Part, Submitting Proof of Qualifications, to meet the required specific criteria, an Employer may submit "other documentation that demonstrates your qualifications to provide or arrange for the provision of employment services." Such qualifications may be based on education and/or experience; some examples of documentation showing qualifications based on education and/or experience include, but are not limited to, the "employer's statement that its human resources department includes staff with degrees in vocational counseling, human relations, teaching or psychology." The EN Contracts Team will accept a resume in this scenario.

   2) In addition to a resume, it will be helpful and advantageous for the Employer to submit information on its company and a statement of work which outlines how they are going to deliver the EN services and which resources/specialist they have or will bring on board to carry out the functions of an EN (i.e., a contract with, or can obtain an endorsement letter from, its local One Stop Career Center).

   3) If the Employer cannot provide the aforementioned supporting EN Qualification requirements, the "Offeror (your organization) should provide

a description of their program/plan/strategy for hiring individuals with disabilities, as well as an explanation regarding how they will use their expertise/experience to administer such a program/plan/strategy in a way that assists and supports those individuals in achieving and maintaining their employment goals."

3) What if a company has multiple offices?

   Answer: The headquarters office or main location can be designated as the Offeror in the application (Section 2, Item A), then list all of the locations as the ENs (Section 2, Item B). In this instance, the headquarters/main office would be the administrating agency and receive the EN payments; the ENs are where the services/employment is provided (which does not preclude the headquarters/main office). EN payments are tied to the Tax Identification/Employer Identification number- so if the Tax Identification/Employer Identification Number is the headquarters/main office, then that is where payments are deposited. All of the locations will be listed in the EN Directory, unless the company only wants to list one location as both the Offeror and the EN.

4) Preferred Impairment Groups Served: How should my company determine which Preferred Impairment Groups to be served? Each position has its own unique skills and abilities.

   Answer: This applies to service organizations who only work with a specific population based on specialty areas and/or resources available to them. As an employer, you would not want to exclude anyone and instead base your decision to consider/interview/hire on skills and abilities.

5) How will we know who is a beneficiary in our area?

   Answer: CDs of beneficiaries (Beneficiary Referral CD) are mailed to an EN. Each APPROVED EN receives one CD as a preview. It is mailed to the EN's Mailing Address provided in the Request For Proposal (Part E in Section 2). In order to receive the recurring monthly Beneficiary Referral CD, the Signatory Authority or the Primary Contact must complete the Beneficiary Referral List Response Form. The form is included with each EN's Welcome Packet and is available on the website for downloading at anytime under the Client Referrals link.

6) Will our company be deluged with phone calls from beneficiaries seeking employment?

   Answer: If you are concerned about receiving unsolicited calls from beneficiaries looking for employment and/or services, you may want to be listed as "not accepting tickets." In your EN "Welcome Package you will receive a CD with all of the eligible disability beneficiary Ticket holders in your designated area; however, you will not be eligible to request the montly updated beneficiary CDs. You will be included in outreach and networking activities sponsored by the the

Social Security Administration or its Ticket partners. This method puts you in control of when and how you interact with the beneficiaries. To be listed in this manner, you should make this request to MAXIMUS as soon as you are notified that your application to be an EN has been approved. If you decide you want to be contacted directly by beneficiaries, you can change your listing.

7) Which payment option should my company select?

Answer: There are two payment options:

1. Milestone/Outcome
2. Outcome

We recommend choosing Milestone/Outcome payments for employers. This payment option offers more upfront monies and the EN payments begin with Phase 1, Milestone 1, $335/month after the first month of work. With the outcome payments (monthly) the EN gets paid only after the beneficiary's earnings are above the Substantial Gainful Activity (SGA) amount (set by the SSA) and are at zero (0) cash benefits. This may be a greater amount of time for the employer to wait for payments.

Resources Available, SSA Contacts and Others Who Provide Technical Assistance

Where to Get Help: Participating in Ticket to Work

Exploratory:

Considering becoming an Employment Network? CESSI, Social Security Administration's Ticket to Work Program Manager for Recruitment and Outreach (PMRO), will answer questions you have, walk you through the application process and help connect you with local organizations or potential partners if necessary.

Contact CESSI: tickettowork@cessi.net or 1-877-743-8237 (V/TTY)

Application:

Responding to the Request For Proposal: SSA's Employment Network Contract Team (ENCT) is available to answer questions about the EN Request for Proposals, walk you through the EN contract award process and help you complete your application.

Contact Social Security Administration Employment Network Contract Team:
1-866-584-5180 (V)
1-866-584-5181 (TTY)
Email: encontracts@ssa.gov

Operational:

Getting started, developing and implementing your business model, and accepting tickets: MAXIMUS offers a wide array of training and support services to help you get started and operate your Ticket to Work program.

Contact MAXIMUS: 1-866-949-ENVR (V) 1-866-833-2967 (TTY)

Payment:

Submitting claims: MAXIMUS can help you complete and submit your claims for EN payments.

Contact MAXIMUS: 1-866-949-ENVR (V) 1-866-833-2967 (TTY)

Tracking Payments:

The SSA Help Desk is available to help you track claims through to payment: 1-410-597-1577 (Fax), EN.HelpDesk@ssa.gov (Email)

APPENDICES:

1. Individual Work Plan (IWP)
2. Ticket to Work Payment Request Guide
3. EN Payment Request Form
4. Work Opportunity Tax Credit Forms (WOTC)
5. EARNWORKS Fact Sheet

Appendix 1

Individual Work Plan (IWP)

Ticket to Work
Individual Work Plan

Organization Name: _____ EIN #:_____

Address: _____

Telephone Number: _____

Ticket-Holder Information

Beneficiary Name _____

Address _____

SSN _____

1. **Vocational Goal:** (*must be specific and attainable*)

   _____
   _____
   _____
   _____

2. **Supports/Services required attaining goal:**

   During First Nine Months:

   _____
   _____
   _____
   _____

   After Nine Months (if any):

   _____
   _____
   _____
   _____

Terms and Conditions Related to the Provision of Services (If there are no terms and conditions, then that must be stated)

_____
_____
_____

By signing below, the beneficiary gives permission to **_[Insert EN Name]__** to contact employers on the beneficiary's behalf to verify or obtain evidence of work or earnings.

CONSUMER RIGHTS & REMEDIES

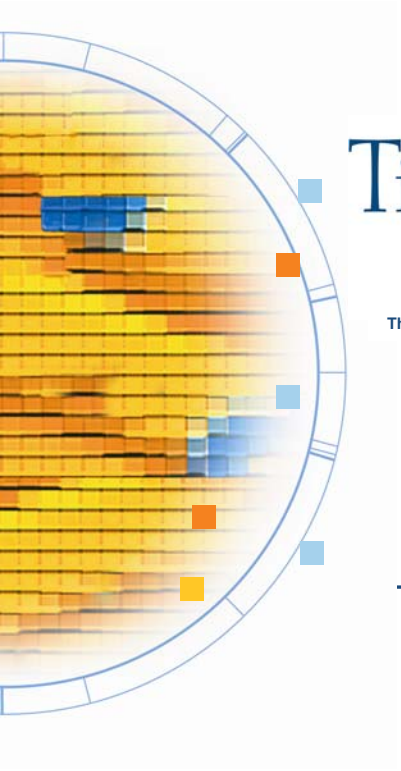
As a consumer of **_[Insert EN Name]__** you have the following rights:

1) **_[Insert EN Name]__** may not request or accept any compensation from you for the costs of services and supports we provide you.
2) This IWP may be amended by you or **_[Insert EN Name]__** if both parties agree.
3) **_[Insert EN Name]__** may end this relationship if no longer able or willing to provide services as planned.
4) You may retrieve your Ticket at any time if you are dissatisfied with the services and supports being provided by **_[Insert EN Name]__**.
5) If you and **_[Insert EN Name]__** are unable to resolve any disputes about the services and supports being provided, the internal dispute resolution process will be available to you. You may also contact the State Protection and Advocacy Program for assistance.
6) **_[Insert EN Name]__** has informed you the beneficiary of the annual progress reviews and the Timely Progress Review guidelines.
7) Your personal information including your Social Security number and information about your disability will be kept private and confidential.
8) Only qualified employees and/or providers will be used to furnish services.
9) If any medical or related health services are provided, they will be provided under the supervision of persons licensed to prescribe or supervise the provision of these services in the State in which the services are performed.
10) A copy of this IWP will be provided to you in an accessible format.

_____	_____
Beneficiary's Signature	EN Representative's Signature
_____	_____
Date	Date

Appendix 2

Ticket to Work Payment Request Guide



Ticket to Work

The Ticket to Work and Self-Sufficiency Program

Payment Request Guide

Reference Guide for Employment Networks and State Vocational Rehabilitation Agencies

February 2008

MAXIMUS

Requesting Payment

This guide provides Employment Networks (EN) with a quick reference to the process of requesting payment. The guide is designed to explain how to request a payment, and what to provide in order to expedite the processing of your request. Please note that references to ENs include State Vocational Rehabilitation (VR) Agencies functioning as ENs, unless otherwise noted. If you have any questions about the payment process or have specific questions about a payment request you have submitted, or are preparing to submit, please call MAXIMUS Ticket to Work.

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PART I: PREPARING TO SUBMIT A PAYMENT REQUEST

Before you submit your request for payment, you will need to ensure that the following actions have occurred:

1. You have received confirmation from us that the Ticket is assigned to your organization.

2. Your organization has sent MAXIMUS the Automated Clearinghouse Payment Enrollment Form (ACH), all items on the form have been completed, and all information is correct. See Part VI of this guide for further information about the ACH Form.

3. The beneficiary with whom you are working has earnings from work that exceed gross Substantial Gainful Activity (for 2008 - $940 for Beneficiaries who are not statutorily blind, or $1,570 for Beneficiaries who are statutorily blind), in order to justify a Milestone payment, or are sufficient to reduce their Federal cash benefit to $0, in order to qualify for an Outcome payment.

PART II: WHEN TO SUBMIT A REQUEST

Determining when to submit your payment request involves three factors:

1. The Payment Method you had in place when the Ticket was assigned to you.

2. The beneficiary's earnings and whether or not they exceeded Substantial Gainful Activity (SGA) levels during a full calendar month.

3. The benefits the individual is receiving: Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or both. Substantial Gainful Activity (SGA) for Milestone payments are based on when the money was earned (pay period dates) regardless of the title of the beneficiary. Substantial Gainful Activity for Outcome payments is based on when the earnings were paid for SSI and concurrent beneficiaries and when the pay was earned for SSDI beneficiaries.

Payment Method—Outcome-Milestone Method

If the Ticket assignment was made to your EN while you were under the Outcome/Milestone Payment Method, then the first full month that the Beneficiary has gross earnings that exceed $940 for beneficiaries who are not statutorily blind, or $1,570 for beneficiaries who are statutorily blind (SGA for 2008), is the month you may be entitled to your first Milestone payment regardless of whether or not the beneficiary is receiving SSDI, SSI, or both SSDI/SSI. If the beneficiary's earnings continue at that level, then you will want to submit a request after the third, seventh, and twelfth month, for the second, third, and fourth Milestone payment respectively.

If it is determined that the beneficiary's earnings are such that the beneficiary no longer qualifies for a federal cash benefit, then you may be paid an Outcome payment. Once an Outcome payment is made, there are no longer any Milestone payments available in regard to that Ticket.

Outcome Payment Method

If the Ticket was assigned to your EN while you were under the Outcome Method, then the first full month that the beneficiary has gross earnings that exceed $940, or $1,570 for beneficiaries who are statutorily blind (SGA for 2008), is the month you may submit a request. Qualifying for an EN payment that month depends on the SSA Employment Supports available to SSDI and SSI Beneficiaries. If the beneficiary is receiving SSDI, then Employment Supports, such as the Trial Work Period and Extended Period of Eligibility would ensure that even though the beneficiary has exceeded SGA, a federal cash benefit would still be paid to the beneficiary. **Outcome payments can only be made to an EN when the beneficiary does not receive a cash benefit from SSA.** If the beneficiary is receiving SSI, then do remember that in addition to other Employment Supports, SSA looks at less than half the earnings before adjusting the Federal cash benefit.

You may wish to review our training materials (www.yourtickettowork.com) on SSA disability programs to further understand the importance of Employment Supports, and how they work. You may also wish to review our EN Payments-at-A-Glance chart as a reference for the dollar values of the Outcome and Outcome-Milestone Payments.

PART III: WHAT TO SUBMIT

EN Evidentiary Payment Request (EPR) Process

Documenting earnings is required because the determination to cease a beneficiary's benefits is an action taken very seriously by SSA, and each beneficiary deserves due process. Therefore, you must submit evidence of the beneficiary's earnings and the EN Payment Request Form to MAXIMUS when requesting a payment under the Evidentiary Payment Request (EPR) Process.

Primary Evidence of Earnings

It is necessary to provide legally acceptable evidence that documents the beneficiary's earnings from work. Below is a description of types of evidence that are acceptable.

- Unaltered copy of the pay stub
- Employer prepared and signed earnings statement
- Records from third-party sources that present earnings broken down by month, such as The Work Number

These forms of evidence must include the following information:

1. Beneficiary name and Social Security Number
2. Employer's address
3. Employer's name
4. Beneficiary's earnings for the claimed month
5. Pay period dates, and pay date
6. Gross earnings for the month
7. Year-to-date gross earnings

If evidence of earnings is unavailable, the EN can now request payment using the Certification Payment Request (CPR) Process described below. This CPR process can be used for both Outcome and Milestone payment requests.

Certification Payment Request (CPR) Process

An EN can use the CPR Process to submit a payment request after the close of an earnings period (month, quarter, or longer). To do so, the EN must submit a completed EN Payment Request Form to MAXIMUS to request payment for given earnings period, along with an accepted source of secondary earnings evidence. This EN Payment Request Form is available at **www.yourtickettowork.com.**

The form must include the following information:

- The Employment Network's name and Employer Identification Number (EIN)
- The Ticket-holder's full name and Social Security number (SSN)
- The months for which payment is requested
- The name of the Ticket-holder's employer (if available)
- A statement by the EN agreeing to repay any Outcome payments that it received that were not due
- A signature of an official in the organization and date
- One of the following:
    - Earnings Inquiry Request (EIR) response from MAXIMUS indicating that the beneficiary had earnings of over 3 times SGA for the quarter in question
    - Details of a recent contact with either the beneficiary or employer stating the beneficiary had earnings necessary to qualify for payment
    - Another source of National Directory of New Hires (NDNH) data
    - Self-Employment Income (SEI) Form for self-employed Ticket-holders

The EN would then be paid for the month(s) requested, provided the Social Security Administration's records contain no information that would suggest that an EN payment is not due. The EN may continue to use this process.

Payment Request Form

In order to make a request for payment, you must use EN Payment Request Form, available to you on our website at **www.yourtickettowork.com**, under EN-VR Resources—Training—Employment Network Resources. This form is to be used for either Evidentiary Payment Requests (EPRs) or Certification Payment Requests (CPRs). Please see the section, Completing the Payment Request Form, on page 7 for assistance in completing the form.

PART IV: SUBMITTING THE PAYMENT REQUEST TO MAXIMUS

After you have received the documents that are required for primary or secondary evidence of the beneficiary's earnings, complete the Payment Request Form. The documents and Form should be mailed to us at:

MAXIMUS Ticket to Work
Payment Request
P.O. Box 1433
Alexandria, VA 22313-1433
Or Fax to: 703-683-3289 Attention: "Payment Request"

Note: If they are faxed, we must be able to read them. Sometimes faxed copies of pay stubs are illegible. Most fax machines have a resolution setting to enable higher quality transmission.

After we receive your payment request, we review the documents to ensure the necessary information has been included. If the information is incomplete, we will contact you to acquire the missing information. We evaluate the documents you submit to verify authenticity, and we certify that the documents presented are sufficient evidence to document earnings. Please note that similar to Employment Networks, MAXIMUS is contractually obligated to protect the privacy and confidentiality of beneficiary information entrusted to us by the Social Security Administration.

The next step is for us to submit the information to SSA with either a recommendation for payment to be issued, or further action. The amount of time required for SSA action varies according to the type of action necessary. SSA processes the request:

- **Payment request processed and approved** - SSA will send notification that the request has been approved, and payment will be electronically transferred to the established EN bank account.
- **Field office development activities required** - SSA field office staff verify earnings, and other significant beneficiary data.
- **Payment denied** - If the payment request is for a period in which the beneficiary's earnings from work are not substantial enough to warrant a payment, you will receive notice that the request has been denied.

EN Payment Status Report

Employment Networks have the option to receive monthly status reports of all their EN payment requests submitted to MAXIMUS. These reports are available on the 15th of each month and reflect activity for the previous month, as well as year-to-date payment data. The report, available in either printed or electronic format, includes the date each payment request was received by MAXIMUS, beneficiary name, payment option, dollar amount paid, claim month(s), and the status of each payment request submitted. To request a monthly report, please submit the EN Payment Status Report Request Form available for download from the Ticket to Work Web site page located **www.yourtickettowork.com and** complete and return the form as instructed.

PART V: PAYMENT REQUEST FORM

This section provides specific directions for completing the EN Payment Request Form and providing the information and documentation necessary to expedite processing. The following directions correspond to the layout of the Payment Request Form. The forms are available on our website - **www.yourtickettowork.com** under EN-VR Resources—Training—Employment Network Resources. Please type or print the information requested when completing the form.

Instructions for Completing the EN Payment Request Form

For Section I, items 1 and 2 below, the following information is requested:

1. The Employment Network name as stated in your contract with SSA.
2. The Employment Identification Number (EIN) is the Tax ID number for your organization.

I. Employment Network Information

1. EN Organization Name _____
2. EIN Number (Tax ID Number)_____
3. Is the financial institution and bank account information provided to the Ticket to Work Program Manager on the Automated Clearinghouse Payment Enrollment Form (ACH Form?

   Yes _____ No _____ (if no, please contact MAXIMUS @ 1-866-968-7842 before submitting this request)

II. Ticket-holder Information

4. Ticket-holders Name _____
5. Ticket Number/Social Security Number_____
6. Name of Ticket-holder's Employer_____
7. Employer's Address (if available)_____
8. Payment Method for this Ticket Assignment

   A. Outcome Payment Method _____ B. Milestone-Outcome Method_____

For Section II, items 4, 5, and 8 above, the following information is requested:

4. Beneficiary full and complete name
5. Beneficiary Social Security Number
6. If this is an EPR request, you must give the employer's name. If you are submitting a CPR, please list the employer's name if it is available.
7. Please list the employer's address if it is available.
8. Place a check indicating the payment method you were operating under at the time the beneficiary assigned the Ticket to your EN. Please refer to the Requesting Payment Guide, or the training materials available on the **www.yourtickettowork.com** for detailed explanations about the Payment Methods available under the Ticket to Work Program.

For Section III, item 9, the following information is requested:

9. Select which type of payment request you are making. If you are making an Evidentiary Payment Request (EPR), you must then complete Section IV. If you are making a CPR, you must complete Sections V and VI.

III. Payment Request Details

9. Payment Request Type
_____ A. Evidentiary Payment Request—*(Complete Section IV)*
_____ B. Certification Payment Request—*(Complete Sections V and VI)*

10. Claim month(s) and year(s) for this payment request
_____
_____

For Section IV, item 11, the following information is requested:

11. Please complete this section only if submitting an EPR. Place a check mark or X in front of the type of earnings documentation being provided with the Payment request.

A. Unaltered copy of the pay stub.

B. Employer prepared earnings statement signed by the employer that includes employee's name, Social Security Number, total gross earnings amount, beginning and ending dates of the pay period, employer's name and address and pay dates.

C. Records from third party source such as The Work Number. This information must contain earnings broken down by month.

IV. Evidentiary Earnings Information

11. Type of earnings documentation submitted:
_____ Pay stub
_____ Employer prepared and signed earnings statement
_____ Records from Third Party Source containing monthly wage information
_____ The Work Number _____ Other

The above forms of evidence must include the following information:

- Beneficiary name and Social Security Number
- Employer's address
- Employer's name
- Beneficiary's earnings for the claimed month
- Pay period dates, and pay date
- Gross earnings for the month
- Year-to-date gross earnings

For Section V, items 12 and 13, the following information is needed only if submitting a CPR Payment:

12. EN must select the type of certification information that is being provided.

- If the EN selects recent contact, either "beneficiary" or "employer" must be circled to determine who was contacted. The EN must also complete item 13 if recent contact is selected.
- If the EN has received an EIR response from MAXIMUS indicating that the beneficiary had earnings of over three times SGA for the quarter(s) in question, that response must be attached to the payment request.
- If the EN has access to information from the National Directory of New Hires (NDNH), this information may also be used.

13. The description of the information should include that beneficiary has worked at a level that qualifies the EN for either a Milestone or Outcome payment, depending on what is being requested.

V. Certification Payment Request Details

12. Type of Certification Information (choose one):

___ Recent contact with beneficiary/employer (please circle one)

___ Attached Earnings Inquiry Request (EIR) response received from MAXIMUS

___ Attached information containing data from the National Directory of New Hires (NDNH)

___ Attached Self-Employment Income (SEI) Form

13. Recent Contact Details (complete only if you selected "recent contact" on item 12):
Type of contact (phone call, email, etc): _____
Date of contact: _____
Description of the information you learned from contact regarding level of earnings:
_____
_____
_____
_____
_____

Section VI—only needed if submitting a Certification Payment Request:

EIR data is not 100% accurate, and Outcome payments are based not on earnings but on the absence of the Ticket-holders Federal cash benefit payment. Since the payment is being authorized without evidence of actual earnings, the EN must agree to repay any amount received when it is later discovered by Social Security that the payment was made in error. Without this signature on each payment request, payment consideration will not be given.

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

Section VII must be completed for either EPR or CPR requests:

Please enter the contact information for the individual actually submitting this payment request. The contact information will enable us to contact you directly if we have any questions regarding information you have submitted.

VII. Contact Information for the EN Representative Submitting this Request

Print Name _____

Phone Number _____ FAX: _____

Email: _____

PART VI: THE AUTOMATED CLEARINGHOUSE PAYMENT ENROLLMENT FORM (ACH)

The Automated Clearinghouse Payment Enrollment Form (ACH) is submitted as part of the application package to become an Employment Network. The ACH Form provides the Social Security Administration with the information needed to issue payment to Employment Networks when a payment request has been approved. Social Security effects payment through electronic transfer to the financial institution designated by the Employment Network on the ACH Form.

An Employment Network must resubmit the ACH Form if there are any changes to the information provided by the Employment Network. In order to process the ACH Form, the following information must be present:

- EN Signatory Authority Signature
- Name, title and signature of bank official
- Accompanying letter (emailed or faxed) from EN Signatory Authority requesting the banking information update

If your organization has made changes, the ACH Form may be obtained from our website: **www.yourtickettowork.com.** If you have any questions about the ACH Form, please call us at 866-968-7842. Forward the updated ACH Form to MAXIMUS by faxing to 703-683-3289 or mail to:

MAXIMUS Ticket to Work
Payment Request
P.O. Box 1433
Alexandria, VA 22313-1433

Appendix 3

EN Payment Request Form

MAXIMUS

EN Payment Request Form

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

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

1. EN Organization Name: _____

2. EIN Number (Tax ID Number): _____

3. Is the financial institution and bank account information provided to the Ticket to Work Operations Support Manager on the Automated Clearinghouse Payment Enrollment Form (ACH Form) current?

   Yes ___ No ___ (if No, please contact MAXIMUS @ **1-866-968-7842** before submitting this request)

Incorrect or outdated information may delay or prevent payment issuance to your Employment Network.

II. Ticket-holder Information

4. Ticket-holder's Name: _____

5. Ticket Number/Social Security Number: _____

6. Name of Ticket-holder's Employer: _____

7. Employer's Address (if available): _____

8. Payment Method for this Ticket Assignment

   A. Outcome Payment Method _____ B. Milestone-Outcome Payment Method_____

Ticket to Work and Self-Sufficiency Program
Payment Request
PO Box 1433
Alexandria, VA 22313-1433 **FAX: 703-683-3289**

III. Payment Request Details

9. **Payment Request Type**

_____ **A. Evidentiary Payment Request – (*Complete Section IV*)**

_____ **B. Certification Payment Request – (*Complete Sections V and VI*)**

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

_____

_____

IV. Evidentiary Earnings Information

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

___ Pay slips

___ Employer prepared and signed employee earnings statement

___ Records from Third Party Source containing monthly wage information

____The Work Number ____Other

V. Certification Payment Request Details

12. Type of Certification Information (Choose one):

____ Recent contact with beneficiary/employer (please circle "beneficiary" or "employer")

____ Attached Earnings Inquiry Request (EIR) response received from MAXIMUS

____ Attached information containing data from the National Directory of New Hires (NDNH)

____ Attached Self Employment Income (SEI) Form (if beneficiary is self-employed)

13. Recent Contact Details (complete only if you selected "recent contact" on item 12):

Type of contact (phone call, email, etc): _____

Date of contact: _____

Description of information you learned from contact regarding level of earnings:

_____

_____

_____

_____

Ticket to Work and Self-Sufficiency Program
Payment Request
PO Box 1433
Alexandria, VA 22313-1433 **FAX: 703-683-3289**

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: _____

Appendix 4

Work Opportunity Tax Credit Forms (WOTC)

Individual Characteristics Form (ICF)
Work Opportunity Tax Credit

U.S. Department of Labor
Employment and Training Administration

1. Control Number (For Agency use only)	**APPLICANT INFORMATION** **(See instructions on reverse)**	OMB No. 1205-0371 Expiration Date: 2. Date Received (For Agency Use only)
EMPLOYER INFORMATION		
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI)	7. Social Security Number.	8. Have you worked for this employer before? Yes ____ No ____ **If YES,** enter date: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION		
9. Employment Start Date	10. Starting Wage	11. Position

12. Are you at least age 16, but under age 40? Yes ____ No ___ **If YES**, enter your *date of birth* _____

13. Are you a Veteran of the U. S. Armed Forces? Yes ____ No ____ **If NO**, go to Box 14. **If YES**, are you a member of a family that received Food Stamps for at least 3 months during the 15 months before you were hired? Yes ____ No ____
If YES, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.
OR, are you a veteran entitled to compensation for a service-connected disability? Yes ____ No ____
If YES, were you discharged or released from active duty within a year before you were hired? Yes ____ No ____
OR, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes ____ No ____

14. Are you a member of a family that received Food Stamps for the 6 months before you were hired? Yes ____ No ____
OR, received Food Stamps for at least a 3-month period during the 5 months before you were hired and are no longer receiving them? Yes ____ No ____
If YES to either question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ____ No ____
OR, by an Employment Network under the Ticket to Work Program? Yes ____ No ____
OR, by the Department of Veterans Affairs? Yes ____ No ____

16. Are you a member of a family that received TANF assistance for any 9 months during the 18 months before you were hired? Yes ___ No___
If NO, are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes ___ No ___
OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes ___ No ___
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because Federal or state law limited the maximum time those payments could be made? Yes ___ No ___
If YES, to any question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?
Yes ____ No ____ **If YES**, enter *date of conviction* _____ and *date of release* _____

18. Do you live in an Empowerment Zone or Renewal Community? Yes ____ No ____
OR, in a Rural Renewal County (RRC)? Yes ____ No ____ **If YES**, enter *name of the RRC*: _____

19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?
Yes ____ No ____

20. Sources used to document eligibility:

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

21. Signature	22. Date

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed by the applicant, the employer or employer representative, the SWA/DLA, or the participating agency and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking the WOTC.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if so, enter a date or approximate date of employment.

Boxes 12-19. **Applicant Characteristics.** Read each question carefully, answer each question, and provide additional information where requested.

Box 20. **Sources to Document Eligibility.** The applicant or employer must provide documentary evidence to substantiate the **YES answers** on page **1.** List or describe the documentary evidence* that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate Food Stamp agency stating to whom Food Stamp benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month.

Examples of Documentary Evidence and Collateral Contacts. You may check with your SWA to find out what other sources you can use to prove target group eligibility. (Please provide documentation or collateral contacts for each question for which you answered **YES.**)

QUESTION 12

- Birth Certificate
- Driver's License
- School I.D. Card*
- Work Permit
- Federal/State/Local Gov't I.D.
- Copy Hospital Record of Birth

QUESTION 13

- SSI Record or Authorization
- DD-214
- Reserve Unit Contacts
- Discharge Papers

QUESTIONS 14 & 16

- TANF/Food Stamp Benefit History
- Signed Statement from Authorized Individual w/Specific Description of Months Benefits Were Received
- Case Number Identifier

QUESTION 15

- Voc. Rehab. Agency Contact
- Veterans Administration
- Records' Signed Statement from Authorized Individual w/Specific Description of Months Benefits Rec'd
- To Determine *Ticket Holder* (TH) Eligibility, Fax Page 1 of Form 8850 to MAXIMUS to Verify if Applicant: 1) is a TH, and 2) has an IWP from and Employment Network

QUESTION 17

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records' Extracts

QUESTION 18

- Driver's License
- Work Permit
- Utility Bills
  Signed Statement from Authorized Individual w/Specific Description
- Lease Papers
- Voter Registration Card
- Food Stamp Award Letter
- Selective Service
- W-4
- Registration Card
- To determine if the address of a DCR is in a Rural Renewal Community, visit the site: www.usps.com. **Click on** *Find a Zip Code*; **Enter & Submit** *Address/Zip C*ode; **Click on** *Mailing Industry Information;* **Download and Print the Information for Case File.**

QUESTION 19

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Note. * Where a Federal I.D. Card does not contain age or birth date, the SWA must obtain another valid document to verify an individual's age.

** Where a library card does not contain the holder's address, the SWA must obtain another document issued in the jurisdiction where the EZ/RC or RR County is located showing the holder's address.

In March 1998, an ETA directive, officially rescinded the authority to use Form I-9 as proof of age and residence. Therefore the I-9 is no longer a valid piece of documentary evidence.

Box 21. **Signature.** The person who completed this form must affix his/her signature here. If the applicant who completed the form is a minor, the parent or guardian must sign this box.

Box 22: **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of Adult Workers, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM —OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM— WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA). ENTER THE SWA's NAME BELOW:

_____

_____

_____

IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE

Conditional Certification
Work Opportunity Tax Credit

U. S. Department of Labor
Employment & Training Administration

OMB No. 1205-0371 Expiration Date: 8/31/09

1. INITIATING AGENCY CODE (For Agency Use Only) CODE: _____ _____ Participating Agency_____ SWA/DLA	2. CONTROL NO. (For Agency Use Only) CONTROL NO. _____ ____ Participating Agency ____ SWA/DLA	3. TYPE OF CONDITIONAL CERT. ("✓" One) (For Summer Youth ONLY) a. ❑ Original b. ❑ Revalidation
4. FOR EX-FELON TARGET GROUP ONLY.	a. Conviction/Release Date: _____ b. Corrections Institution ID No:_____	5. DATE COMPLETED (Mo., Day, Yr.) _____
6. State Workforce Agency's Name and Address	7. SIGNATURE (Authorized Official)	8. TELEPHONE NO.

PART I. INTRODUCTION

9. NAME OF INDIVIDUAL (Last, First, Middle)		10. SOCIAL SECURITY NO.
11. ADDRESS (Number, Street, City, State, Zip Code)	12. TARGET GROUP CODE ("✓" One) ❑ Ticket Holder (TH) ❑ With Individual Work Plan from an Employment Network, or a ❑ Summer Youth (SY) Enter Code if not a TH or SY:_____	

13. APPLICANT' SIGNATURE:

NOTE TO EMPLOYER:

14. The above named individual may be eligible for certification under the Work Opportunity Tax Credit. If not employed before the date in the box below (Mo., Day, Yr.), this eligibility determination is subject to review.	In the event you hire this person, you should request the certification necessary for you to claim a Work Opportunity Tax Credit. Simply, complete and sign the Employer Declaration below, mail to the SWA or Designated Local Agency together with the PSN-IRS Form 8850, ***not later than the 28th day after the applicant starts work.*** The WOTC Employer Certification Form will be sent to you, if all statutory requirements have been met.

PART II. EMPLOYER DECLARATION: I, HEREBY, DECLARE that the above named person is or will be employed by:

I, HEREBY, DECLARE that the above named person was or will be employed by:

15. NAME OF FIRM:	16. POSITON/JOB TITLE:	17. EMPLOYMENT-START DATE: (Mo., Day, Yr.)	18. STARTING WAGE: $ _____ per hour

Please send a WOTC ❑ certification for this employee. The certification is for the purpose of obtaining benefits of the WOTC, under Sec. 51 of the Internal Revenue Code. Employers are advised that such credit will cease immediately upon notification of any subsequent invalidation. Employers are further advised that if the certification herein requested is for a member of the SUMMER YOUTH target group, the tax credit for which he/she may be eligible is subject to the limits described at Sec. 51 (d)(7) of the Internal Revenue Code.

NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment.

19. EMPLOYER'S NAME AND SIGNATURE	20. DATE

CONDITIONAL CERTIFICATION (CC) ETA FORM 9062. When a SWA/DLA or Participating Agency (PA) determines that a job-ready applicant is, tentatively, ELIGIBLE as a member of a target group for the consolidated WOTC, it shall use this required form, without modification, to show that an eligibility determination was made for this person. **Note.** The CC serves as an official record of the pre-certification, alerts prospective employers to the availability of the tax credit if this person is hired, and provides a means for employers to request a WOTC certification for this person.

INSTRUCTIONS FOR COMPLETING THE "CONDITIONAL CERTIFICATION" FORM. (Boxes 1-15 are for participating agency and SWA/DLA use only)

Box 1: **Initiating Agency Code.** If the CC was issued by a participating agency (PA), enter its code. SWAs/DLAs assign codes to designate each PA and indicate the initiating source for the eligibility determination process. If the eligibility determination was performed by the SWA/DLA, enter the SWA/DLA code, if available. Indicate with a check mark "✓" if initiating agency is a Participating Agency or SWA/DLA.

Box 2: **Control Number**. Usually the PA determines the control number (CN). However, SWAs/DLAs may, for internal control purposes, develop their own CN system. It may be a Social Security No., case no., or some other appropriate designation, which permits easy filing, certification and retrieval of forms. Enter corresponding CN and indicate with a check mark "✓" whether the source is a PA or a SWA/DLA.

Box 3: **Type of Conditional Certification.** This system distinguishes between "Original," if the individual is being processed for the first time, or "Revalidation," if the eligibility process was performed within the previous 12-month period, (e.g. , 45 days for the Summer Youth target group only). Otherwise, the Conditional Certification is counted as "Original." Indicate with a check mark "✓" whether eligibility determination is "Original" or "Revalidation."

Box 4: **For Ex-Felon Target Group Only.** For items a - c, enter the corresponding information. This information will help you in verifying target group eligibility.

Box 5: **Date Completed.** Enter the month, day, year in which the eligibility determination was completed.

Box 6: **SWA/DLA Name and Address.** (If known, enter or stamp the name and address, including zip code, of the SWA/DLA responsible for Certifications requests for the employer indicated in Box 16. Leave blank if SWA/DLA's name and address is unknown.

Box 7: **Signature.** Enter signature of the authorized conditionally-certifying official.

Box 8: **Telephone No.** Enter corresponding SWA/DLA or participating agency area code, telephone number and extension, if available.

PART I. INTRODUCTION:

Box 9: **Name of Individual.** Enter the individual's/applicant's full name (i.e., last name, first name and middle initial).

Box 10: **Social Security Number.** Enter the individual's/applicant social security number.

Box 11: **Address/Telephone No.** Enter the individual's/applicant's home address, including apartment number and zip code. After address, enter individual's/applicant's telephone number, including area code.

Box 12: **Target Group Code.** Enter a check mark "✓" to indicate if "Summer Youth, "Ticket Holder (TH)" with an IWP from an Employment Network (EN) or Other." If different from Summer Youth or Ticket Holder, enter code for specific WOTC target group based on client's information and documentation provided.

Box 13: **Signature.** Get Individual's/applicant's signature. If a minor, parent or guardian must sign here.

Box 14: **CC Validity Period.** (This box is to be completed by the SWA/DLA or PA). Enter the month/day/year when the CC expires (e.g. 45 days for Summer Youth)

PART II. EMPLOYER DECLARATION:

Box 15: **Name of Firm.** Enter full name of the employing firm (the firm where the employee will actually work).

Box 16: **Position/Job Title**. Enter the position or job title the employee will hold.

Box 17: **Employment-Start Date.** Enter the date the employee began or will begin work for the employing firm.

Box 18: **Starting Wage.** Enter the wage or salary which the employee will be paid. If not known, enter an estimated wage.

Box 19: **Employer's Name and Signature.** Enter employer's corresponding signature here.

Box 20. **Date.** Enter month, day and year when you signed this form.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply to these requirements for obtaining the tax credit per P.L. 104-188. Public reporting burden for this collection of information is estimated to average .33 minutes per response, including the time for reading instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the U.S. Department of Labor, Division of Adult Services, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371)

Form **8850**
(Rev. February 2007)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

See separate instructions.

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number ( ) -

If you are under age 40, enter your date of birth (month, day, year) / /

---

1 ☐ Check here if you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

_____

2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 ☐ Check here if **any** of the following statements apply to you.

I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.

I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.

I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.

I am at least age 18 but **not** age 40 or older and I am a member of a family that:

a Received food stamps for the last 6 months **or**

b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.

Within the past year, I was convicted of a felony or released from prison for a felony.

I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

4 ☐ Check here if you are a member of a family that:

Received TANF payments for at least the last 18 months, **or**

Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**

Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature **Date** / /

For Employer's Use Only

Employer's name _____ Telephone no. ( ) - _____ EIN _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. ( ) - _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ____

Date applicant: Gave information ___/___/___ Was offered job ___/___/___ Was hired ___/___/___ Started job ___/___/___

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

☐ Check if the individual was not your employee on August 28, 2005 and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature **Title** **Date** / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . .5 hrs., 30 min.
Learning about the law or the form . . . . . 24 min.
Preparing and sending this form to the SWA . . . . . 30 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

Appendix 5

EARNWORKS Fact Sheet

earnworks.com
America's Choice for Qualified Workers

EARN Works For You

EARN Works for Employers

With hiring and retention costs soaring, you need better ways to find the workers with the skills and attitudes you want. And you'll find them at the Employer Assistance & Recruiting Network (EARN). EARN is a cost-free service that connects employers looking for quality employees with skilled job candidates. Discover what employers across the nation have learned: hiring people with disabilities is a great business strategy!

How EARN Works for You:

Free Job Postings

Membership entitles you to unlimited job postings on EARNWorks Job Source. Postings are distributed to and searched by jobseekers with disabilities and by our network of employment service providers who search for qualified candidates on your behalf.

Free Disability Employment Consulting Services

Even if all you have is a simple question, EARN's team of Employment Specialists can help. We can provide you with guidance and support in disability employment matters. And, all communications are completely confidential, so you can feel comfortable in asking any questions.

Tools

Want to know why hiring people with disabilities makes good business sense? Want to know how you can establish or augment your diversity and disability employment outreach and retention efforts? Ask an EARN Employment Specialist.

Resources

EARN provides links to other helpful organizations, services and programs.

News & Information

EARN provides practical information to help you make more informed and better business decisions. EARN's monthly Employer Newsletter will also keep you abreast of our activities, as well as provide insights into the latest disability employment topics.

Sign Up with EARN

www.earnworks.com 1-866-327-6669 (V/TTY)