



MAXIMUS
Request For Important Information

MAXIMUS Ticket to Work
P.O. Box 1433
Alexandria, Virginia 22313
August 8, 2005
Claim Account Number: [222-22-2222 A](#)

[JANE DOUGH](#)
[ABC EMPLOYMENT NETWORK](#)
[123 MAIN STREET](#)
[ANY TOWN, USA 12345](#)
Notice Code: [Q0p02d00](#)

Re: First 12-Month Timely Progress Review
Name: [SAM SAMPLE](#)

SSN: [222-22-2222](#)

We are writing to you because our records indicate that the ticket for [SAM SAMPLE](#) has been in-use and assigned for greater than 36 months. As a result, your client is deemed to have passed his 24-month Timely Progress Review. We must now conduct the first 12-month timely progress review to assess whether your client is making timely progress toward self-supporting employment. The review period is from March 1, 2004 through March 1, 2005.

What You Should Do

Please complete the attached form and return it to us according to the instructions on the form within 30 days. If we do not hear from you in writing within 30 days of the date of this request, we will conclude that your response to each question is "No." This will mean that your client did not meet the requirements for the first 12-month timely progress review.

How Timely Progress Affects Your Client's Ticket and Disability Benefits

Social Security usually reviews disability cases on a scheduled basis to determine if beneficiaries are still disabled under Social Security rules. This is called a Medical Continuing Disability Review. If your client does not meet the disability rules, Social Security may stop his benefits. If your client's benefits stop because of a medical review, he may not be eligible to participate in the Ticket to Work Program.

Social Security does not conduct the Medical Continuing Disability Review if your client is using his ticket. However, if you indicate on the attached form that your client is not actively participating in his employment plan, then he is not using his ticket and his



disability case may be subject to a medical review. If your client still meets the disability rules, his benefits may continue.

If You Have Questions

As our valued partner in the Ticket to Work Program, we appreciate your interest and commitment. We look forward to working with you to serve your needs. We invite you to visit the www.yourtickettowork.com and www.socialsecurity.gov/work websites regularly for program updates, general information, and training opportunities.

If you have any questions regarding the Ticket to Work Program, please contact us at 1-866-968-7842 or TDD 1-866-833-2967. You can also write to us at the following address:

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

Sincerely,

MAXIMUS Ticket to Work Program



First 12-Month Timely Progress Review Form

Provider: ABC EMPLOYMENT NETWORK

Re: SAM SAMPLE **SSN:** 222-22-2222 **Date:** August 8, 2005

INSTRUCTIONS: Assess the level of participation your client has demonstrated in the Ticket to Work Program and answer the questions below. Please sign, date, and return this form to MAXIMUS at the address above or fax it to MAXIMUS, Attn: Progress Review, (703) 683-3289. It is important that you respond within 30 days. You may retain a copy of this form for your files.

First 12-Month Timely Progress Review - Please check the appropriate box for each question. If "no" please explain.

1. Did your client work with earnings at or above the substantial gainful activity level for at least 3 out of the 36 months that your client was using his ticket and his ticket was assigned – March 1, 2002 through March 1, 2005? This amount is \$830.00 for 2005.

Yes

No

If yes, and you have not already done so, please include evidence of earnings when submitting this completed form.

2. Given his current progress, do you and your client expect that he will work with earnings at or above the substantial gainful activity level for at least 6 out of 12 months by the time of his second 12-month timely progress review – March 1, 2005 through March 1, 2006? This review is currently scheduled for March 1, 2006.

Yes

No

Explanation: _____

Please sign and date.

EN/State VR Agency Representative Signature

Date