

If you never have worked
before or if you are
stepping back into
the workforce,
we will help.

- Job Leads
- Help with Applications
- Resume Preparation
- Interviewing Skills
and More...



WE ARE YOUR ADVOCATE.
WE ARE YOUR RESOURCE.
WE ARE YOUR PARTNER.

**Call us today
to see if you
qualify to
enroll!**

866-872-1743

info@worknetnow.com
www.worknetnow.com



800 N. Tucker Blvd. 4th Floor
St. Louis, MO 63101



**Do you get
DISABILITY
PAYMENTS
from
Social Security
and you are also working
now, or you want to
start going to work?**

**Looking to work
more hours
to make
MORE MONEY
every month?**

Yes you can!

If you are **SSDI**,
what if you could work
AND
keep **ALL** of your
monthly disability check
at the same time?

If you are **SSI**,
what if we could show
you how to get a degree,
or a certification,
or a car?

**FOR
FREE?**

Heard of work incentives?

If you are in the Ticket Program,
you can reduce your countable income
so that you can continue to receive
a cash benefit while you work.

AND

if your job doesn't work out, Social
Security offers Expedited Reinstatement,
which makes it easy for you to
request that your benefits start again
WITHOUT having to complete
a new application.

Worried about losing your healthcare?

Sign up for Ticket To Work,
to protect your healthcare benefits.



TICKET
to **Work**

Did you know you can eliminate stressful Continuing Disability Reviews if you join Ticket to Work?

- Social Security will **NOT** subject you to these reviews while you are in the program.
- If you get into the program and we help you make timely progress with your career plan before you receive a CDR notice, Social Security will **NOT** conduct a review of your medical condition.
- If you assign your Ticket **after** you receive a CDR notice, Social Security will continue with your scheduled medical review.

So, if you are going to work,
MAKE SURE
you get into the program!



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Hello! It was nice to speak to you.

In this packet, you will find a summary of a **Work Plan** that you and I will develop together, 2 forms stating that we won't use your information anywhere except in the pursuit of jobs and career development activities, and an informational pamphlet that highlights the benefits of being in the **Ticket To Work Program**.

Please read over the IWP and sign the back page. *Also*, please sign the Privacy & Release of Information forms, then **put the 3 forms in the pre-stamped envelope & mail them back to us.**

If you want to be enrolled quicker, you can **upload the 3 signed forms through our secure portal:**
worknetnow.com/secure

(Please peel off the "sign here" flags before you upload the documents)

After we get them back, we will enroll you as a **Ticket To Work** participant and then we can start working with you.

If you have any questions while you are looking over the paperwork just

CALL US at 866-872-1743

What happens after you send us back the paperwork?

- We will match you with a job developer who will contact you and continue the dialogue about your career goals.
- They will help you with resources for resume help, additional training and certified opportunities, and job leads based on what is an ideal fit for you.

If you are working already, this is great!

- Think you could make more money, get promoted, or even land a position some where you have always wanted to work?

We do.

And we'll show you how.

Keep in mind that the job you have now, or will get, is probably not the last job you will have or will get...because you may want to work a job and then get a better job making more money. That's usually the way things go out there in the working world and we want you to know that

we will be with you EVERY STEP OF THE WAY.

We look forward to helping you on your journey to working and moving up, up, and up in your career.

Part Three: IWP Terms and Conditions

The following terms and conditions apply to the EN and the Ticketholder identified in Part One above:

- 1.) The EN and the Ticketholder shall inform one another immediately of any changes in the contact information shown in Part One above.
- 2.) The Ticketholder shall report all earnings to the EN and to Social Security.
- 3.) The Ticketholder shall authorize the EN to contact employers on the Ticketholder's behalf, as necessary, to verify or obtain evidence of the Ticketholder's work and earnings.
- 4.) The EN may not request or accept compensation from the Ticketholder for the costs of services and supports provided the Ticketholder under the IWP.
- 5.) The EN shall use only qualified employees and/or providers to provide supports and services to the Ticketholder.
- 6.) The EN shall establish and explain to the Ticketholder a process to resolve any disputes that arise under this IWP, including the process for escalating an unresolved dispute to Social Security.
- 7.) The EN shall inform the Ticketholder of the availability of, and contact information for, free protection and advocacy services under the Protection and Advocacy for Beneficiaries of Social Security program.
- 8.) The EN shall inform the Ticketholder of annual Timely Progress Reviews (TPR) performed by Social Security to assess the Ticketholder's work progress, and explain to the Ticketholder the TPR guidelines.
- 9.) The EN shall keep private and confidential the Ticketholder's personal information, including his or her Social Security Number and disability, and shall maintain all private and confidential information in a secure area.
- 10.) The EN shall provide the Ticketholder with a copy of the completed IWP, as well as any subsequent changes to the IWP, in the Ticketholder's preferred format.
- 11.) Both the Ticketholder and the EN must agree to any change to the IWP. All changes to the IWP must be in writing and supported by evidence of mutual consent.

12.) The EN shall provide the Ticketholder with a copy of his or her EN file upon request.

13.) Either the Ticketholder or the EN may choose unilaterally to un-assign the Ticket at any time by notifying the other in writing, thereby terminating the Ticketholder-EN relationship established by the IWP.

14.) Upon approval of the IWP by both the Ticketholder and the EN, the Ticketholder acknowledges assignment of his or her Ticket to the EN and the EN acknowledges acceptance of that Ticket.

15.) Are there any other terms and conditions relating to the implementation and administration of this IWP?

☐ Yes ☐ No

If "Yes," list additional terms and conditions:

I choose to participate in the Ticket to Work Program with the Employment Network (EN) named below. I understand that my EN will provide me employment support to help me find a job, increase my earnings, and reduce my reliance on cash benefits. I have read and understand the requirements, obligations, terms, and conditions expressed in this IWP. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying state forms, and it is true and correct to the best of my knowledge.

Ticketholder's Signature: _____ Date: _____

EN Representative's Signature: _____ Date: _____

EN Name: _____

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

WORKNET INC.

*ADDRESS OF PERSON OR ORGANIZATION:

800 NORTH TUCKER BLVD. 4TH FLOOR

ST. LOUIS, MO 63390

*I want this information released because: TICKET TO WORK PROGRAM

We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☒ Verification of Social Security Number
2. ☒ Current monthly Social Security benefit amount
3. ☒ Current monthly Supplemental Security Income payment amount
4. ☒ My benefit or payment amounts from date _____ to date _____
5. ☐ My Medicare entitlement from date _____ to date _____
6. ☐ Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. ☐ Complete medical records from my claims folder(s)
8. ☒ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

B.P.Q.Y. (BENEFITS PLANNING QUERY)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____

Date: _____

**Address: _____

**Daytime Phone: _____

Relationship (if not the subject of the record): _____

**Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)

Authorization to Release Information

I authorize my employer or former employer(s), or their third party verifier (such as The Work Number) to release pertinent employment information including but not limited to hire/separation dates, earnings, pay period start/end dates, hours worked, gross earnings, deductions, net earnings, and contact information on file, to Worknet Inc., when such request is made by fax, email, or mail.

Also, there may be times when potential employers may need my resumes, applications, etc., in order to obtain employment there. By signing, I am authorizing Worknet to send them.

I understand this information is required to maintain accurate data related to employment and job services.

By signing below, I give my consent to the Release of Information as described above.

This authorization shall be valid for seven (7) years from the date signed.



Signature

Date