



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: [Q0p02b00](#)

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 36 months. Therefore, we must now conduct the first 12-month timely progress review to assess whether your client is making timely progress toward self-supporting employment.

### **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](http://www.yourtickettowork.com) and [www.socialsecurity.gov/work](http://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? 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? This review is currently scheduled for August 1, 2006.

Yes

No

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and date.

\_\_\_\_\_  
EN/State VR Agency Representative Signature

\_\_\_\_\_  
Date