



TICKET TO WORK INDIVIDUAL WORK PLAN (IWP)

Part One: Employment Network and Ticketholder Contact Information

1. Employment Network Name: New Millennium Learning Center
DUNS: 96-5593747
Address: 3152 Little Road, #204
Trinity, Florida, 34655
Telephone: 833-568-6652
Facsimile: 727-810-3880
Email: info@newmillenniumlearningcenter.com
Website: newmillenniumlearningcenter.com

Business Model (Select one Ticketholder service model):

Traditional Services Consumer Directed Services Employer or Employer Agent

Administrative

2. Ticketholder's Name:

SSN:

Date of birth:

Address:

Telephone:

Email:

3. Ticketholder's Alternate Contact Name:

Relationship to Ticketholder:

Address:

Telephone:

Email:

Part Two: Documentation of EN-Ticketholder Discussion

Section 1: Discussion Arrangement

1. Date of Discussion:

2. Discussion Modality:

Telephone - Yes Virtual Only -Yes Face to Face Other
(Explain)

3. Location: N/A

4. Duration: Minutes

5. Name and Position of EN Interviewer: Joann Barnes, Program Manager, Benefits Counselor

Section 2: Ticketholder's Recent Work History

1. Check all that apply

- Currently working
- No earnings in the past 18 months No
- Earnings in the month prior to the month Ticket assigned Earnings in 3 of the past 6 months
- Earnings in 6 of the past 12 months
- Earnings in 12 of the past 18 months.

2. List all work and earnings during the last 18 months (most recent employer first) in the chart below:

Please describe your vocational goal:

Employer Job	Title	Start Date	End Date	Hourly Wage	Weekly Hours

Section 3: Ticketholder's Employment Goals

1. Describe short-term goal (next 3-18 months) Please list your employer's name address, start date, salary and number of hours you work per week.

2. Describe long-term goals: To work full time

3. Has the Ticketholder's previous employment provided any experience relative to the achievement of the:

Short-term goal above? If "Yes" please explain:

Yes: Sales experience. Must be able to sit every hour for 15 minutes.

Long-term goal above? Yes, No If "Yes" please explain:
Medically I may not be able to continue working.

4. Does the Ticketholder require additional supports and services to achieve the:

Short-term goal above? If "Yes" please explain: At worksite training. Address:

Long-term goal above? If "Yes" please explain: To work full time.

5. Ticket Holder's resource pages on the newmillenniumlearningcenter.com must be read and initial each section below:

- What is social security's Ticket to Work Program (3 pages for review on website under **Resource section**)?
- Informing Beneficiaries of the Goals of the Ticket Program: Employment, Benefits Reductions and Self-Sufficiency (2 pages).
- Reporting Tips.
- Working While disable.

Section 4: EN Supports and Services

1. Short-term (Initial Job Acquisition) In training to learn products. Background check completed. No criminal background.

Career Planning

Benefits Counseling

Joann Barnes will be your benefit counselor. That's why it will be important to complete your intake. A list of all your Medicare or Medicaid coverage is extremely important. It is necessary to have a copy of your insurance card front and back for verification. I will be completing a Benefit's Summary and Analysis on you.

Goal setting:

When will you be ready for employment?

What type of work are you seeking?

Full time 40 hours per week?

Part time at 20 hours per week?

Job coaching:

Do you have any work experience?

Do you have any Technical Skills?

Do you have a resume?

If you need me to complete one for you let me know so I can send you a form to complete your resume so I can type it up for you and send it back in .pdf which all companies, use.

Job development:

List of Interviewing skills

List of questions for an interview.

Updated resume.

Career Planning (continued)

Training (specify) If training is required, I can refer you to your local Department of Rehabilitation.

Other (specify) N/A

Job Placement Assistance

Job accommodation:

Job placement:

Other (specify).

2. Long-term (Ongoing Employment Support) Once you begin receiving your Earnings Statement you will submit a copy once received from employer. Via US mail or Fax, a copy to 727-810-3880. You can report your earnings to Social Security via your [mysocialsecurity.gov](https://www.ssa.gov/myaccount) account online

Regular follow-up with Ticketholder (mandatory) It is vital to our relationship that we have a monthly follow up by phone or encrypted emails.

Job stabilization and retention – We will talk regularly to overcome her anxiety and ability to continue to work.

2. Long-term (continued)

Career advancement counseling. This will be her trial work period.

Other (specify)

3. Will the EN directly provide the supports and services above?

If "No," please complete question 4 below.

4.If known, list the names of the provider(s) to whom you will refer the Ticketholder, along with the services provided. **Department of Rehabilitation for training, currently none needed.**

5.Will the EN coordinate or arrange for medical and/or related health services to the Ticketholder? Yes If "Yes," please explain: No

Part Three: IWP Terms and Conditions

The following terms and conditions apply to the New Millennium Learning Center (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 New Millennium Learning Center and to Social Security Administration. You will provide a copy of your Paystub or your Earnings Statement to New Millennium Learning Center and use the [http:mysocialsecurity.com](https://www.ssa.gov/myaccount) portal to add earnings for SSI participants and call into Social Security Administration for SSDI participants.

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- 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:

16) Ticketholder must inform/notify Employment Network (New Millennium Learning Center) of any change in your address, telephone, or email address within 15 days.

I understand and agree to the above statement.

Print name: _____ Signature: _____

17) SMS – Text messages - **Assigned Ticket Holders:**

- **These are the clients that are Assigned Ticket Holders to NMLC:**

- Message frequency varies based on communication needs, but you can expect to receive messages daily, weekly, monthly, etc. Opt-in methods (CTA) Describe exactly how a user signs up to receive messages. All traffic on behalf of your business, entity, or organization must have prior opt-in/consent. Opt-in must be on an individual level, cannot be shared with third parties and cannot be implied. Acceptable opt-ins may include, but are not limited to, online forms, paper forms, verbal agreement over the phone, or text messages. This is a part of the Ticket Holder's Terms and Policy Conditions (Part three) on the Ticket to work Individual Work Plan, which is revied, signed and authorized by assigned Ticket Holder. Link to the Privacy Policy and Terms & Conditions: <https://www.newmillenniumlearningcenter.com/general-5> are listed at the bottom of each section of the website.

We are committed to protecting your privacy and ensuring the security of your personal data. Your data will not be transferred to external organizations. We have implemented robust measures to prevent unauthorized sharing of your information.

Our privacy practices include **Data Security:** We use advanced security protocols to safeguard your data against unauthorized access. **Access Control:** Only authorized personnel have access to your personal information, and they are required to maintain its confidentiality. **Regular Audits:** We conduct regular audits to ensure compliance with our privacy policies and to identify any potential vulnerabilities.

The NEW MILLENNIUM LEARNING CENTER will use this SMS campaign to send conversational messages, status updates, appointment reminders, and order/shipping confirmations. Beneficiary must give either except the SMS authorization or decline on this form. The purpose is to facilitate communication with Ticket Holders by providing timely updates and reminders related to their interactions with our services. This ensures that clients are well-informed about their appointments, order statuses, and any changes in scheduling, enhancing their overall experience with our center. Our website can be found at <https://www.newmillenniumlearningcenter.com>.

Opt-in Statement:

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- After signing your Individual Work Plan (IWP) with New Millennium Learning Center and initial section three agreement. You will automatically be enrolled in our SMS program. Our SMS number: 727-810-3880 with your cell number. Message frequency varies.
- Message and data rates may apply. You can opt-out at any time.
- To receive updates via SMS, please reply YES to this message.
- Reply HELP for more information. **Reply STOP to unsubscribe.**

Opt-Out Instructions -type of messages we send:

- This is Joann Barnes from New Millennium learning Center, can you text me and give me a date and time of your availability. Please allow up to 15 minutes for your call. If you want to opt-out just type **STOP or UNSUBSCRIBE to 727-810-3880 or Reply STOP to unsubscribe.**
- Hey, this is Joann from New Millennium learning Center, just wanted to follow up with you on your status. Let me know what date and time you are available to talk. **STOP or UNSUBSCRIBE. Reply STOP to unsubscribe.** Thank you.
- Can you please fax over your Employer Earnings Statement for the month to 727-810-3880. **STOP or UNSUBSCRIBE. Reply STOP to 727-810-3880 or unsubscribe. You will receive a confirmation text back.**

I understand and agree to the above statement.

Print name: _____ Signature: _____

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 statements or forms, and it is true and correct to the best of my knowledge.

Ticketholder's Signature: _____

Date: _____

EN Representative's Signature: _____ Date: _____

EN Name: New Millennium Learning Center

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