



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: 4031 Vista Verde Drive
New Port Richey, 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

2. Ticketholder's Name:

SSN:

Address:

Telephone:

Email:

3. Ticketholder's Alternate Contact Name:

SSN:

Address:

Telephone:

Email:

Part Two: Documentation of EN-Ticketholder Discussion

Section 1: Discussion Arrangement

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1. Date of Discussion:
2. Discussion Modality:
Face to Face **Telephone** Other (Explain) **Conference Call**
Virtual Training
3. Location: On-line and conference calls

4. Duration: On-going

5. Name and Position of EN Interviewer: Joann Barnes

Section 2: Ticketholder's Recent Work History

1. Check all that apply:

Currently working

No earnings in the past 18 months

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)

2. Describe long-term goal

Full time employment.

3. Has the Ticketholder's previous employment provided any experience relative to the achievement of the: Short-term goal above? Yes No

If "Yes" please explain:

Long-term goal above?

Yes No

If "Yes" please explain:

4. Does the Ticketholder require additional supports and services to achieve the: Short-term goal above? No Yes

If "Yes" please explain:

Long-term goal above? Yes No

If "Yes" please explain

Section 4: EN Supports and Services

1. Short-term (Initial Job Acquisition)

Check all blocks that apply and explain how the services contribute to achievement of the Ticketholder's short-term goal.

Career Planning

Benefits counseling

Referral to Choosework.ssa.gov **Contact the Help Line at 1-866-968-7842 or 1-866-833-2967 (TTY) M-F 8 a.m. - 8 p.m. ET**

Goal setting

When will you be ready for employment? **Immediately**
What type of employment are you seeking: **Full-time**
Full time 40 hours per week
Part time 20 hours

Job development

Since you have work experience, I will work with you to develop your resume based on your experience.

Job coaching

Do you have any work experience? Do you have any Technical Skills: A skill that is required for the accomplishment of a specific task? I have sent you a simple resume builder form to complete. List your most recent employer first and go back up to 10 years ago. If you do not have any work experience please tell me what type of employment you would be interested in doing such as; sales, customer service, medical, receptionist, clerical etc. Please list on the resume builder any voluntary work you may have done in your community.

Job development

At the conclusion of this series, you will be assisted and encouraged in the interviewing process. Once placed, the clients will have the assistance of Employment Representatives during the first few months of "return-to-work anxiety via conference call at 833-568-6652. Complete resume format with cover letter for each participant, establish a professional E-mail address, and send copy in .pdf current most professional format to beneficiary. If we are unable to contact you for **three months** in the initial (Phase 1 Milestones) job acquisition phase after multiple attempts including sending a letter, the Ticket will be unassigned.

Career Planning (continued)

Training (specify)

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

Other

N/A

Job Placement Assistance

Job search

Began online application process.

Job accommodation

None.

Job placement

Searching for employment online. Will complete online resume.

Other (specify)

N/A

2.Long-term (Ongoing Employment Support)

Check all blocks that apply and explain how the services contribute to achievement of the Ticketholder's Long-term goal.

Regular follow-up with Ticketholder (mandatory)

Will utilize telephone and conference calls on a weekly basis until you have full-time employment. Then once a month for the next six months. Will submit a copy of your paystub or payroll statement once received from employer. Fax a copy to 727-810-3880.

Job stabilization and retention

2. Long-term (continued)

Career advancement counseling. Complete school.

Other (specify)

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

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.**

5.Will the EN coordinate or arrange for medical and/or related health services to the Ticketholder? Yes **No**

If "yes," please explain:

Part Three: IWP Terms and Conditions

The following terms and conditions apply to the EN and the Ticketholder identified in Part One above: Social Security requires the EN to conduct an official contact with the Ticketholder at least **monthly**.

- 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 unassign 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

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: _____

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