



TICKET TO WORK REFERRAL

The following information describes the goal of the program, benefits to participating in the Ticket to Work program at Community Options as well as the services offered.

- Goal of Ticket to Work (TTW) program:
 - Is to provide you access to services and supports to increase your ability to work, earn more than benefits alone, and eventually become and stay self-supporting to the extent possible.
- TTW program benefits:
 - It is free and your participation is voluntary.
 - Regularly scheduled medical reviews are postponed as long as your ticket is assigned to Community Options and you are making expected progress towards self-supporting employment.
 - Safety nets encourage beneficiaries to pursue work;
 - Medicare, and possibly Medicaid, coverage may continue after cash benefits cease due to work and earnings.
 - An Expedited Reinstatement to Benefits (EXR) allows you to receive up to six months of provisional benefits if you lose your job within five years of benefit cessation. During this time Social Security will conduct a medical review to determine if you are still eligible for benefits based on your condition.
 - A beneficiary can start working and earning any amount during the first nine months of program participation; however, the beneficiary's goal should be to eventually become self-supporting.
 - The Ticket to Work program is not intended for the beneficiary to work part-time indefinitely with the support of Community Options.
 - Program participants are expected to work towards monthly earnings at the Trial Work level no later than the 10th month after entering the program, and at the Substantial Gainful Activity (SGA) level within 13 months of starting work.
- TTW services offered include:
 - Career Planning
 - Job Accommodations
 - Job Coaching
 - Job Placement Services
 - Ongoing Employment Support & Job Retention
 - Special Language Capability

Community Options has provided me explanation of the services they offer to enable me to make informed choices about my ticket, my employment goals, and the services needed to achieve those goals. I request Community Options contact me to develop an Individual Work Plan and secure ticket assignment.

Signature: _____ Date: _____ Email: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____