

TakeCharge Individualized Work Plan and Contract (updated 7/27/2011)

1. Please select one of the two TakeCharge Employment Networks below by placing an X in front of your choice. Please read “**Tips for selecting a TakeCharge EN**” on page 4 before selecting A or B below.

_____ A) AA TakeCharge Milestone (DUNS 623626210) (milestone-outcome method)

_____ B) AAA TakeCharge (DUNS 017039558) (outcome-only method)

2. Beneficiary Name (Last, First MI)

3. Social Security Number _____

If you do not have a telephone number or email address please write N/A in the blanks below.

4. Telephone () _____

5. E-mail address (if you have one) _____

6. Please print your address clearly!

Street: _____

City, State, Zip Code: _____

7. Vocational Goals: In the blanks below please write your short term vocational goal and your long term vocational goal along with your expected earnings for each goal. Your short term vocational goal is one that you wish to reach in the next 3-12 months. The long term vocational goal is one you wish to reach within the next 5 years. Your short term and long term goals can be the same. **Please note: you MUST list an occupation such as teacher, sales clerk, web master, stock broker or truck driver. If you are uncertain as to what kind of job offer you are likely to accept, write in your best guess. No one will hold you to it.**

Short Term Vocational Goal: _____

Expected short term earnings:

\$720-\$1,000 _____ more than \$1,000 per month _____

Long Term Vocational Goal: _____

Expected long term earnings:

\$720-\$1,000 _____ more than \$1,000 per month _____

8. I received a recorded voice message on my telephone telling me that I could receive work support payments under the Ticket to Work program ____ Yes ____ No

9. How did you learn about TakeCharge? State Vocational Rehab Agency _____
 Recorded message delivered to phone _____ Found on list of all Employment Networks providing
 services in my area _____ Other (please describe) _____

10. Please check ONE of the following three statements:

_____ I had **No Work Earnings** in the last 18 months.

_____ I had some earnings but **None Over the Trial Work Level** in the last 18 months (see the
 Earnings History page for the Trial Work Level amounts for each year)

_____ I had one or more months of earnings over the Trial Work Level in the past 18 months. IF
**YOU CHECK THIS STATEMENT AND YOU HAVE CHOSEN AATAKECHARGE
 Milestone, LLC YOU MUST COMPLETE THE ATTACHED EARNINGS HISTORY
 PAGE** (page 5 of the contract).

My EN and I have agreed upon the supports/services listed below.

- Job search advice and employment related information found on www.worksupportpayments.com
- 75% of any payments received as a result of TakeCharge holding your Ticket will be passed onto you.
- In signing this IWP you are agreeing that any work support payments you receive will be spent on goods and services that will help you remain in the workforce or advance in your career. Please indicate below how you plan to spend your work support payments:

_____ Transportation related

_____ Personal Care Assistance

_____ Business/Work related clothing

_____ Additional training/ education

_____ Job Coaching

_____ Self Employment expenses

_____ Computer/cell phone related

_____ Child care or elder care

_____ Health care

_____ Other disability related supports

_____ Other(please explain) _____

Consumer Rights & Remedies

As a consumer of either TakeCharge EN you have the following rights:

1. Your EN may not request or accept any compensation from you for the cost of services and supports we provide to you.
2. This IWP may be amended if both parties agree.
3. Your EN may end our relationship with you at any time if we are no longer able or willing to provide services as planned.
4. You may retrieve your Ticket at any time if you are dissatisfied with the services and supports being provided to you.
5. If you and your EN are unable to resolve any disputes about the services and supports being provided, the internal dispute resolution process will be available to you. You may also contact the State Protection and Advocacy Program for assistance.
6. Your EN has informed you, the beneficiary, of the annual progress reviews and the Timely Progress Review guidelines which are posted on our website.
7. Your personal information including your Social Security number and information about your disability will be kept private and confidential.
8. Only qualified employees and/or providers will be used to furnish services.

9. No medical or related health services will be provided by either TakeCharge EN.
10. A copy of this IWP will be provided to you in an accessible format if requested.

Note: if you checked the box in Questions 10 that said you had earnings above the Trial Work Level in the last 18 months AND you have signed up for AATakeCharge Milestone, you must complete the Earnings History page (page 5).

I declare under penalty of perjury that I have examined all the information on the form and it is true and correct to the best of my knowledge. By signing below I agree to the terms of this IWP and give permission for the EN named in this IWP to contact employers on my behalf to verify or obtain evidence of work or earnings.

Please note, while permission to contact employers is a requirement for all EN contracts, TakeCharge does NOT contact employers. You must be the person who sends copies of pay slips to TakeCharge so that we can receive Ticket payments from the Social Security Administration and pass Work Support Payments onto you. Instructions on where to send copies of pay slips will be provided to you.

There are no additional terms and conditions related to the provision of services by TakeCharge.

Beneficiary's Signature

EN Representative's Signature

Date

Date

NOTE:

Before processing this IWP, Social Security requires that we have a counseling session. Please indicate the best time to reach you by phone so that we may conduct this counseling. YOUR IWP WILL NOT BE PROCESSED UNTIL THE ONE-ON-ONE CONVERSATION HAS BEEN CONDUCTED.

The best day of the week and time to contact me is:

The best phone number to reach me at during those times is:

Please mail form to:

**TakeCharge Processing
14526 Jones Maltsberger, Ste 203
San Antonio, TX 78247**

**Toll Free: 1-866-701-1700
Email: TakeCharge75@gmail.com**

SSDI or dual SSDI/SSI beneficiaries: Select AATakeCharge Milestone LLC (milestone-outcome method) if:

- You expect your earnings to be more than \$720 per month, but not enough to exceed Substantial Gainful Activity (SGA) which is \$1,000 per month in 2011 if you have a general disability, and \$1,640 if you are blind.
- You do expect to earn a little more than SGA (\$1,000/month for general, \$1,640 /month for blind), but plan on remaining on benefits indefinitely by using Impairment Related Work Expenses or Work Subsidies.
- You do expect your benefits to be terminated due to your earnings once your trial work months over, but you still have at least 2 more trial work months to go and you want your payments from TakeCharge to start as soon as possible.

All others on SSDI or both SSDI/SSI should select AAATakeCharge which uses the outcome-only method of payment. Outcome-only payments cannot start until your SSA benefit checks stop. And outcome-only payments will stop if your earnings dip below \$1,000 per month. However, **outcome-only payments will yield about 10% more than milestone-outcome payments over the course of three years.**

SSI Recipient: Select AATakeCharge Milestone, LLC (milestone-outcome method of payment) if:

- You expect to earn over \$720 per month but not enough to reduce your federal SSI check to zero.

All others receiving SSI checks only should select AAATakeCharge. You will receive about 10% more under the outcome –only payment method over the course of 5 years.

Still Not Sure?

(See Work Support Payment chart for more payment details).

Name _____

SSN _____

EARNINGS HISTORY -

Please indicate on the chart at the bottom of the page any wages you have earned 18 months prior to signing with AA Take Charge that are equal to or above the amounts for each year listed on the chart below : Trial Work Level Amounts.

Trial Work Level Amounts:

2011 - \$720

2010 - \$720

2009 - \$700

Please complete the chart below and mail this form in with your contract.

Write the month/year you assigned your ticket with AA Take Charge in the LAST box, then work BACKWARD listing each preceding month (see sample below). Enter an X below each month/year in which you had earnings equal or more than the Trial Work Level amount (see chart above) in that month/year. If you are uncertain about a given month/year, make your best guess.

Example:

Ticket Assignment Date (Month/Year Ticket Assigned with AA Take Charge) ↓

Month/Year	April 07	May 07	June 07	July 07	August 07	September 07	October 07	November 07	December 07	January 08	February 08	March 08	April 08	May 08	June 08	July 08	August 08	September 08	October 08
Earned > TWL?									X			X	X						

Ticket Assignment Date (Month/Year Ticket Assigned with AA Take Charge) ↓

Month/Year																			
Earned > TWL?																			

This area below this line is for TakeCharge use only.

EN Representative's Signature

Date

Ticket Assignment date