

**AA Take Charge Milestone Payment Request Form** page 1 of 2  
form updated 5-28-10

**EIN number: 74-3171184 (Milestone-Outcome Payment Method)**

**Evidentiary Payment Request**

**Beneficiary Name** \_\_\_\_\_

**Beneficiary Social Security Number** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**To what address would like your 75% of the Ticket Payments (Work Support Payments) mailed?**

**Name:** \_\_\_\_\_

**Address\*** \_\_\_\_\_

**\*Is this a NEW address? If so, please hand-write "NEW ADDRESS!" at the top of this form so we will update our records.**

**Phone:** \_\_\_\_\_

Are you currently receiving benefit checks from Social Security? Yes \_\_\_ No \_\_\_

Please list the calendar month(s) for which you are claiming that your earned income exceeded the required levels. For the months of January 2009 to December 2009 the earnings amount is \$700/month for Milestone Phase 1 and \$980/month (\$1,640/month for blind) for Milestone Phase2 and Outcome payments. Starting in January 2010 the earnings amount is \$720/month for Milestone Phase 1 and \$1000/month (\$1,640/month for blind) for Phase 2/Milestones and Outcome payments. Please list both month and year, for example January 2010.

_____	_____	_____
_____	_____	_____
_____	_____	_____

**I certify that the information on this form is accurate to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Phase 1 - Milestone 1 Earnings Information (Complete only if requesting Phase 1 Milestone Please complete this section to the best of your ability. The Trial Work Levels (TWL) are \$640 for 2008, \$700 for 2009 and \$720 for 2010.**

Please choose one of the following options by placing an "X" next to your selection:

- A. The beneficiary achieved TWL level earnings during the calendar claim month.
- B. The beneficiary achieved less than TWL, but he/she will achieve TWL earnings within the next two months.
- C. The beneficiary achieved less than TWL and is not expected to achieve TWL earnings within the next two months.

**Please note: Payment Evidence Required!**

Please attach photocopies of your pay slips showing that you earned above the target level for the month(s) that you have listed on page one. Copies of your pay stubs are the BEST form of evidence. Pay statements must show the pay period dates, pay date, gross earnings and FICA taxes withheld. If you do not have pay stubs or you are self employed please go to [www.worksupportpayments.com](http://www.worksupportpayments.com) and click on the Collect Payments link. There you will find instructions on alternative forms of earnings evidence that Social Security will accept for self-employed individuals. Please understand, Social Security will not pay AATakeCharge for the months requested unless we can provide them with the required evidence of your earning!

**Please mail this Payment Request Form to:**

**TakeCharge Processing  
12332 W IH 10  
San Antonio, Texas 78230**

**Below line for AATakeCharge use only**

By signing below, AATakeCharge agrees to repay any payments received from the Social Security Administration (or allow the amount to be deducted from future payments) if it is determined at a later date that AATakeCharge was not entitled to payment from the Social Security Administration for this Ticket claim.

\_\_\_\_\_  
AATakeCharge Representative

\_\_\_\_\_  
Date

**Contact Information for the Employment Network Representative Submitting this Request**

Print Name: \_\_\_\_\_

Phone Number: 210-637-5610 FAX: 210-494-1075

Email: takecharge75@gmail.com

**\* Please note that occasionally Social Security discovers a payment has been made in error. If this happens your case will be placed in overpayment status until Social Security recoups the funds. More details will be provided to you if your case goes into an overpayment status.**