

AATakeCharge – Individualized Work Plan and Contract DUNS (623626210)

1. Beneficiary Name (Last, First MI)

2. 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. Alternate contact: Please provide the name, address and phone number of an individual we can contact in the event that we are not able to reach you. We will only contact this individual in an attempt to locate you. Information regarding your status with our agency will not be shared.

Alternate contact name: _____

Street: _____

City, State, Zip Code: _____

Telephone: () _____

8. 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-\$1,010 _____ more than \$1,010 per month _____

Long Term Vocational Goal: _____

Expected long term earnings:

\$720-\$1,010 _____ more than \$1,010 per month _____

9. 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

10. 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) _____

11. 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

_____ I had one or more months of earnings over the Trial Work Level in the past 18 months.

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

- Job search advice and employment related information found on www.worksupportpayments.com
- Reimbursement for work related expenses when the proper receipts are submitted.

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 (this cannot include food and shelter). 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 AATakeCharge 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 AATakeCharge.
10. A copy of this IWP will be provided to you in an accessible format if requested.

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, permission to contact employers is a requirement for all EN contracts. 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. In the event that we are not able to obtain earnings information directly from you we will try to obtain earnings information through The Work Number. **In addition to providing pay statements, you are also required to provide AATakeCharge with receipts documenting the work related expenses that you are seeking reimbursement for. Failure to provide receipts will prevent us from providing you with reimbursement for those work related expenses or services.**

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

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**

To view our EN Report Card please visit www.chooseworkttw.net.