

## **Get a Job!**

### **How Employment Affects Your SSI and Medicaid Benefits**

So you receive SSI and you have Medicaid coverage. And now everyone is telling you “Don’t get a job or they’ll take away your benefits”. Are they right? Well, read through this booklet and find the answers for yourself.

Here’s a preview:

You will always have more money by working than by not working when you receive SSI.

There are several “work incentives” that may help you pay for things you need in order to work.

You can keep your Medicaid until you earn a very decent annual salary (as much as nearly \$40,000/year in some states).

So, read the booklet and find out the answers. Then **GET A JOB! It Pays to Work!**

## **What is SSI?**

SSI stands for Supplemental Security Income.

It is money that the Social Security Administration (SSA) gives a person who has a disability and has very little income.

SSI money is supposed to be used to help pay for shelter (rent, utilities), food, and clothing.

The most money that a person on SSI will get is \$545/month in 2002 (this goes up a little bit each year). Some people get less than this, because they have some other income or their family helps them with their shelter, food, and clothing costs.

## **Who is Eligible for SSI?**

To receive SSI you must:

Be a US citizen, and

If you are 18 or older, your disability must limit your ability to work, at least at the time you are applying for SSI, and

Have a limited amount of income (this is money you get from anyone during a particular month), and

Have very few resources (this is money or other things you already have). You must have no more than \$2000 worth of countable resources that are listed in your name when you apply.

## **When Should I Apply For SSI?**

Although this booklet is mostly about working AFTER you start getting SSI, here are a few pointers, in case you haven't yet become eligible for SSI:

A person can apply for SSI at any time. If you apply and get turned down, you can apply again later, if things change.

To apply, you can call your local Social Security office (look in the phone book or go on SSA's web site, [www.ssa.gov](http://www.ssa.gov) for the phone number) or call toll free at 1-800-772-1213 (TTD; 1-800-325-0778) to make an appointment. The other way to file an application is to go to the office and wait for your turn to speak with someone.

You will receive an application form and a disability form to complete with the SSA representative at your appointment (there is a copy of these forms-----). The claims representative at the local office will tell you how to send the form to them, rather than having to come in, if you would rather do this.

You can speed things up by bringing certain papers with you. You do not have to have all of these before sending in an application. Just bring what you have. Here is a list:

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- A summary of work history, if applicable;
  - The latest tax bills (if a home or other property is owned); copies of the lease or rental agreements; copies of, or proof of, utility and food expenses;
  - Payroll stubs, insurance policies, bank books, care registration information, and other documents showing resources or assets;
  - Special records or the names of medical personnel and/or facilities where treatment or services have been provided;
  - Information about parents' incomes if you are under 18;
  - Names, addresses and telephone numbers of all doctors, clinics, and hospitals and the dates of treatments;
  - Names, addresses and records of the schools attended. The names of the most recent teachers and/or counselors;
  - Non-physician healthcare professionals: dates of physical and occupational therapy with names and addresses of treatment centers;
  - Vocational rehabilitation records and the names of vocational rehabilitation counselors. Dates of testing, evaluations and training programs;
  - Statements by the applicant, relatives, and friends, including the names, addresses and telephone numbers of those who know about the conditions of the individuals and can give additional information;
  - Social Security Numbers (SS#) of applicant;
  - Copies of legal documents such as marriage certificates, divorce papers, birth certificates and adoption papers;
  - Names of banks and credit unions with checking and savings accounts information; and
  - Other information on benefits received such as, Veterans Assistance, Military Pensions, Unemployment Compensation, TANF, WIC, Medicaid, Energy Assistance, Workers Compensation, Food Stamps, etc.

**SSA must see the original documents.**

When SSA finishes making a decision about whether you qualify for SSI, they will send you a letter to tell you. You will then start getting monthly checks, and the first one will be for the 3-6 months you had to wait for them to process your application. These checks can be automatically deposited into your bank account or, if you don't have an account, SSA will send you checks. If your letter says that you are not eligible for SSI, it will explain why. If you do not agree, the letter will tell you how to appeal (argue) the decision.

### **What Happens When I Go To Work?**

OK. Now let's look at what happens when a person who has been receiving SSI and Medicaid goes to work. Since SSA wants you to try to work, they give you many opportunities to do this without taking you off of SSI. There are also people called "Benefits Specialists" in your community that can sit down with you and explain how working will work for you. You can call your local SSA office to find out how to contact the benefits specialist nearest you. They will meet with you as often as needed and there is not charge to you for this.

There are many employment supports in the SSI system that help you continue receiving your SSI and/or Medicaid while you work. Some of these supports may even increase your net (after taxes) income to help you cover special expenses. The SSI employment supports that you will read about in this booklet are:

1619 A&B

Earned Income Exclusion

Impairment Related Work Expense

Blind Work Expense

Plan for Achieving Self Support

Expedited Reinstatement (Easy Back On)

You'll see each of these SSI employment supports explained on the next few pages.

### **1619 A and B**

Did anyone ever tell you that if you work more than 10-15 hours a week, you'll lose your SSI and Medicaid? Well, they are wrong!!

A few years ago, a law was put in place (all over the USA) that protects a person who is on SSI and Medicaid who wants to do better by working more. When you work, SSA counts less than half of your wages when they calculate how much your SSI check will be. As long as you still could get even 1 penny of SSI, when they do this calculation, you are protected by the first part of this law, called 1619 A. This means that you will always have more money by working than if you just had your SSI. It also means you can continue to work and earn money for as many years as you want to, and SSA will not stop sending you your SSI check. Instead, they will simply reduce your check about \$1 for every \$2 you earn. Also, YOUR MEDICAID continues for as long as you stay in 1619 A.

Now, imagine that you begin working and earning so much money that when they count a little less than half, it reduces your SSI check to 0! Now, will they close your file and stop your Medicaid. NO! Instead you are now protected by the second part of this law, called 1619 B. This law says that SSA will keep your file open, just stop sending a check each month. This way, if your hours get reduced or you quit or lose your job, you can just notify SSA and they'll start your checks coming again, right away, without having to reapply.

Another wonderful thing that 1619B does is that it protects your Medicaid eligibility. So, even if, normally, in your state, they would stop your Medicaid when you made this much money, this protected status will keep you eligible for Medicaid!! You still can't have more than \$2000 in resources, but you can earn more than \$25-30/year (in most states) and not have to worry about losing your Medicaid, even if you also decide to accept insurance coverage provided by your employer! You can find the exact amount of wages you can earn per year (in 2002) and still keep your Medicaid in the following chart. Just look up your state on the chart.

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**1619(b)  
Thresholds**

**DISABLED**

<i>State</i>	<i>Threshold</i>
Alabama -----	\$17,267.00
Alaska-----	\$35,856.00
Arizona -----	\$15,049.00
Arkansas -----	\$20,447.00
California-----	\$25,701.00
Colorado-----	\$28,765.00
Connecticut -----	\$38,809.00
Delaware -----	\$24,287.00
District of Columbia -----	\$32,061.00
Florida -----	\$20,137.00
Georgia -----	\$19,403.00
Hawaii -----	\$17,972.00
Idaho -----	\$24,619.00
Illinois -----	\$25,302.00
Indiana-----	\$27,596.00
Iowa-----	\$21,051.00
Kansas -----	\$24,526.00
Kentucky -----	\$20,819.00
Louisiana -----	\$20,369.00
Maine -----	\$23,761.00
Maryland -----	\$24,785.00
Massachusetts-----	\$27,887.36
Michigan -----	\$21,886.00
Minnesota -----	\$31,011.00
Mississippi -----	\$19,172.00
Missouri -----	\$24,626.00
Montana -----	\$20,537.00
Nebraska-----	\$23,191.00
Nevada-----	\$26,961.00

New Hampshire	\$39,228.00
New Jersey	\$26,590.00
New Mexico	\$22,433.00
New York	\$33,294.00
North Carolina	\$24,800.00
North Dakota	\$27,609.00
Ohio	\$25,622.00
Oklahoma	\$20,632.00
Oregon	\$24,988.80
Pennsylvania	\$21,478.60
Rhode Island	\$30,068.40
South Carolina	\$21,140.00
South Dakota	\$24,134.00
Tennessee	\$17,778.00
Texas	\$22,046.00
Utah	\$19,728.00
Vermont	\$23,878.96
Virginia	\$21,319.00
Washington	\$20,070.60
West Virginia	\$20,496.00
Wisconsin	\$22,797.72
Wyoming	\$19,315.60
North Mariana Island	\$14,100.00



## **Earned Income Exclusion**

SSA does not count most of your income from a job when they figure how much your SSI check amount is.

They exclude (do not count) the first \$65 of your wages in any month (if you don't have any other income, they exclude 85 instead of 65). Then, they only count half of the rest of your wages. This means they count **less than half!**

**Here's an example:**

**You've been getting \$545/month of SSI. You get a new job, earning \$600 per month at your job.**

**600 (wages)**

**-85 (exclusions)**

**515 / 2 =**

**257.50 (wages they count)**

**545.00 (how much SSI you get if you have no money)**

**-257.50 (wages they count from your job)**

**287.50 (your new SSI check amount)**

**Each month, you now have:**

**600.00 (wages from your job)**

**+287.50 (SSI Check)**

**\$887.50 (Your total monthly income) AND you still have your Medicaid!**

## **Impairment-Related Work Expenses (IRWE)**

What if you pay for things that you need in order to work that are needed because of your disability? SSA has a special employment support to help you pay these costs! It's called impairment-related work expense (IRWE, for short). Any month that you are working you can use this work support, no matter how many months or years your job lasts. You get "credit" for these expenses every month that you have expenses that meet the rules.

These rules are listed here:

1. The item or service you're paying for helps you to work, AND
2. You need the item or service because of your disability, AND
3. You pay the cost yourself; not someone else (like parents or Medicaid or Vocational Rehabilitation, etc) and no one pays you back, AND
4. The cost is "reasonable" (this means is the standard cost in your community)

BUT, you have to talk with your claims representative at SSA and they have to agree with you that the expense you have meets all the rules. They will also tell you if they need any "proof", such a letter from your teacher, or receipts or something.

Here's a list of some of the items or services that some people on SSI have used. Remember, everyone is different, so what would be an "approvable" expense for one person, may not be for someone else! It's very individualized:

Special door-to-door transportation  
Assistive technology  
Medications needed to control your disability  
Attendant care services  
Medical services and diagnostic procedures  
Job coach services

These are just a few examples. There are many more. Talk with you claims representative when you start your job, to see if there are IRWE's that qualify for you!

Here's how IRWE's help you get extra SSI to help pay the costs:

You've been receiving \$545.00 SSI each month. You get a job earning \$800/month. You have to pay \$200/month for door-to-door transportation, because you use a wheelchair and cannot take the public bus. Here's what happens with your SSI:

800.00(you wages from your job)  
-85.00 (SSI exclusions)  
715.00  
-200.00 (your IRWE)  
515.00/2 = 257.50 (how much of your wages that SSA counts)

545.00(your SSI before you started working)  
-257.50 (the amount of wages that SSA counts)  
\$287.50 (your new SSI check amount. This is \$100 more than if you didn't tell SSA about your transportation cost, so they are giving you half of the \$200 cost back!)

Here's what you'll have altogether:

\$800.00 (wages)  
+287.50 (your SSI check)  
1087.50 (total) AND you still have your MEDICAID!

But, remember, you MUST pay your \$200 transportation bill, because SSA will want to see your receipt later!

One last thing about IRWE's.... If your costs change later (go up or down or you have a new IRWE), tell SSA RIGHT AWAY so they can adjust your check to agree with this new information.

## **Blind Work Expenses**

Blind Work Expense (BWE) is an employment support ONLY for people on SSI who are blind. The way it works is that deducts ALL work expenses, whether they are due to your disability or not. This means that people who are blind are able to keep receiving a higher SSI check when they go to work than other people on SSI.

Just as with IRWE, you must tell SSA about any work expenses you will have when you start working. The expenses must be paid by you and not be reimbursed. They must be reasonable in price (standard amount in your community).

You can continue to use this employment support for as long as you continue to work and as long as you still have the expenses. Then, if these expenses change over time, you'll need to inform SSA with each change in amount or type of BWE.

You'll also need to save receipts, pay stubs, or other form of "proof" that you had the expense.

Listed below are some examples of work expenses that be counted as BWE:

- Taxes (federal, state, local)
- FICA (social security taxes)
- Fees (union dues, parking fees, etc)
- Transportation
- Assistive Technology
- Reader Services
- Job Coaching
- Meals eaten during work hours
- Guide dog expenses

Here's how BWE affects your SSI:

You have been receiving an SSI check for \$545.00 each month. You take a job earning \$800.00 a month. You have taxes and FICA taken out of your pay and they total \$200/month. Also, you spend \$100/month for lunches

that you eat in the cafeteria at work. Then, you spend \$50.00/month for a bus pass to go to and from work. These expenses all count as BWE and they make a total of \$350. Here's what happens:

\$800 (wages from your job)  
-85 (exclusions)  
715/2= 357.50 (SSA counts only this much)

357.50 (wages that SSA counts so far)  
-350.00 (your Blind Work Expenses)  
7.50 (SSA will only count this much of your wages!)

545.00 (how much SSI you got before going to work)  
-7.50 (how much of your wages SSA counts)  
537.50 (your new SSI amount)

So, here's what you'll have each month, altogether:

\$800.00 (wages from your job)  
+537.50 (your SSI check)  
\$1337.50 ( your total monthly income) AND you still have MEDICAID!

Remember, though; you must pay for your bus pass and lunches and keep receipts. You'll also need your pay stubs to document the taxes and FICA that were withheld from your pay. SSA will want to see these.

## **Plan For Achieving Self Support (PASS)**

This a GREAT work incentive, that allows to save money to pay for expenses you have or will have in order to reach a career goal. For instance, you if need to get a certification or a degree in order to do the type of work that interests you, or you need to buy a car to travel to and from work, PASS is a way to help pay for expenses. There are many more examples of how you can use PASS, but first, let's look at how it works.

The PASS rules allow SSA to exclude any unearned income (such as an allowance or child support or other money besides wages) that get. This means they don't count it when they calculate how much SSI you are eligible for. They can also exclude any wages you get to allow you to use this money now or in the future for approved expenses related to your career goal. You could also use PASS to help save a "resource" you have, such as savings bonds or a money gift you get as a birthday gift or graduation gift towards your career goal expenses (without this in place, you will not get SSI any time you have more than \$2000 worth of money).

If you receive SSI now or could qualify for SSI and you have a career goal you have not yet achieved, you can have a PASS. Also, you can use this work incentive now, later, or more than one time in your life. It's a very flexible employment support, which can help you to continue to grow, career-wise.

In order to get a PASS approved, it must:

Be designed just for you. What your friend writes or gets approved may not work for you, because everyone is different.

Be in writing. Someone can help you write it, but you will need to sign it. If you're under 18 or you have a representative payee, they will need to sign it, also.

Have a specific career goal that it seems reasonable to think you can do.

Have a timeframe in mind (and on paper) for how long it will take you to reach this career goal. This timeframe can be changed later, if something comes up that slows you down.

Show how much the goods and services are that you need to reach your goal. These are your expenses. Then, you must show which expenses you will pay for.

Show what money you will use to pay the expenses related to your career goal (it can't be your SSI).

Show how the money you will use will be set aside to pay for the expenses (such as a separate bank account).

Be submitted to SSA and get approved before you start.

Be reviewed by SSA every few months to check on your progress.

Let's look at an example:

Alyssa is 21, a senior in high school, and she plans to become a licensed practical nurse someday. To do this, she will need to finish getting her diploma, apply to nursing school and get accepted, go through 2 years of schooling and get her degree. She then will have to pass a state test to get "certified" and then get a job as a nurse and complete the probationary period before becoming a permanent employee. She thinks this will all take her about 5 years, because she plans to go to school part time and work part time. She currently receives SSI (\$545/month) and works part-time at the hospital cafeteria. (she's been using the student earned income exclusion, discussed earlier, but this will end this summer, when she reaches her 22<sup>nd</sup> birthday). Alyssa enrolled with Vocational Rehabilitation, and they said they will help with her school expenses (after she applies for a PELL grant). However, Alyssa needs to buy a car to get back and forth to classes, which are 20 miles from her home. There is no public transportation to and from the university.

Alyssa writes a PASS (with her teacher's help) to use the money from her job as the hospital to pay \$300 car payments for the next 3 years. Here is what happens with her SSI check:

700 (wages from her job)  
-85 (money that SSA doesn't count)  
615 /2= 307.50 (wages that SSA counts)

307.50 (countable wages)  
-300.00 (car payment)  
7.50 (all that SSA counts of Alyssa's wages)

545.00 (SSI Alyssa would get if she had no other money)  
-7.50 (what SSA counts of her wages)  
537.50 (Alyssa's SSI amount)

When Alyssa meets her career goal of becoming a permanent employee as a licensed practical nurse, the PASS will end. BUT, she will probably be making more than \$24,000/year, if she's working full time! If she earns this much, she would then stop getting an SSI check, but, in most states, she would STILL GET HER MEDICAID!!

Sounds good, right? There is a PASS specialist in your part of the country that answer questions for you about this employment support and even help you complete the application form, which is included in this booklet. To find your PASS specialist's contact information, look on the enclosed map.

Here is what Alyssa has while working towards her career goal:

700.00 (wages from her job)  
+537.50 (SSI)  
1237.50 (total spendable income)  
-300.00 (her car payment)  
937.50 (money to live on each month) AND she still has Medicaid!

Remember, Vocational Rehabilitation and Pell Grants are paying for her school expenses!



**PLAN FOR ACHIEVING SELF-SUPPORT**

**Date Received**

*In order to minimize recontacts or processing delays, please complete all questions and provide thorough explanations where requested. If you need additional space to answer any questions, use the Remarks section or a separate sheet of paper.*

Name \_\_\_\_\_ SSN \_\_\_\_\_

**PART I — YOUR WORK GOAL**

- A. What is your goal? *(Show the specific job you expect to have at the end of the plan. If you do not yet have a specific work goal and will be working with a vocational professional to find a suitable job match, show "VR Evaluation," be sure to complete Part II, question F on page 4.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your goal involves supported employment, show the number of hours of job coaching you will receive when you begin working \_\_\_\_\_ **per week/month** *(circle one)*.

Show the number of hours of job coaching you expect to receive after the plan is completed. \_\_\_\_\_ **per week/month** *(circle one)*.

- B. Describe the duties you expect to perform in this job. Be as specific as possible *(standing, walking, sitting, lifting stooping, bending, contact with the public, writing reports/documents, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. How did you decide on this work goal and what makes this job attractive to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. If your work goal does not involve self-employment, how much do you expect to earn each month (gross) after your plan is completed? \$ \_\_\_\_\_/month

E. If your work goal involves self-employment, explain why working for yourself will make you more self-supporting than working for someone else.

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**NOTE:** If you plan to start your own business, attach a detailed business plan. At a minimum the business plan must include the type of business; products or services to be offered by your business; a description of the market for the business; the advertising plan; technical assistance needed; tools, supplies, and equipment needed; and a profit-loss projection for the duration of the PASS and at least one year beyond its completion. Also include a description of how you intend to make this business succeed.

F. Did someone help you prepare this plan?  YES  NO If "NO," skip to G.  
If "YES," show the name, address and telephone number of that individual or organization.

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May we contact them if we need additional information about your plan?  YES  NO

Do you want us to send them a copy of our decision on your plan?  YES  NO

Are they charging you a fee for this service?  YES  NO  
If "YES," how much are they charging? \_\_\_\_\_

G. Have you ever submitted a Plan for Achieving Self Support (PASS) to Social Security?  
 YES  NO If "NO," skip to Part II. If "YES," complete the following:

Was a PASS ever approved for you?  YES  NO If "NO," skip to Part II.  
If "YES," complete the following:

When was your most recent plan approved (month/year)? \_\_\_\_\_  
What was your work goal in that plan? \_\_\_\_\_

Did you complete that PASS?  YES  NO  
If "NO," why weren't you able to complete it? \_\_\_\_\_

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If "YES," why weren't you able to become self-supporting? \_\_\_\_\_

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Why do you believe that this new plan you are requesting will help you go to work?  
\_\_\_\_\_

**PART II — MEDICAL/VOCATIONAL BACKGROUND**

A. What are your disabling illnesses, injuries, or conditions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Describe any limitations you have because of your disability (e.g., limited amount of standing or lifting, stooping, bending, or walking; difficulty concentrating; unable to work with other people, difficulty handling stress, etc.) Be specific. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In light of the limitations you described, how will you carry out the duties of your work goal?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. List the jobs you have had **most often** in the past few years. Also list any jobs, including volunteer work, which are similar to your work goal or which provided you with skills that may help you perform the work goal. List the dates you worked in these jobs. Identify periods of self-employment. If you were in the Army, list your Military Occupational Specialty (MOS) code; for the Air Force, list your Air Force Specialty (AFSC) code; and for the Navy, Marine Corps, and Coast Guard, list your RATE.

Job Title	Type of Business	Dates Worked	
		From	To

D. Circle the highest grade of school completed.

0 1 2 3 4 5 6 7 8 9 10 11 12 GED or High School Equival.

College: 1 2 3 4 or more

1. Were you awarded a college or postgraduate degree?  YES  NO  
When did you graduate? \_\_\_\_\_  
What type of degree did you receive? (B.A., B.S., M.B.A., etc.) \_\_\_\_\_  
In what field of study? \_\_\_\_\_

2. Did you attend special education classes?  YES  NO

If "NO," skip to E. If "YES," complete the following:

Name of school \_\_\_\_\_

Address \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Type of program \_\_\_\_\_

E. Have you completed any type of special job training, vocational school?  YES  NO

If "NO," skip to F. If "YES," complete the following:

Type of training \_\_\_\_\_

Date completed \_\_\_\_\_

Did you receive a certificate or license?  YES  NO

If "NO," skip to F. If "YES," what kind of certificate or license?

\_\_\_\_\_  
\_\_\_\_\_

If "YES," attach a copy of the evaluation and skip to Part II (page 5). If you cannot attached a copy, complete the following:

When were you evaluated or when do you expect to be evaluated or when was the IWRP or IEP done or when do you expect it to be done? \_\_\_\_\_

Show the name, address, and phone number of the person or organization who evaluated you or will evaluate you or who prepared the IRWP or IEP or will prepare the IWRP or IEP.

\_\_\_\_\_



**PART IV — EXPENSES**

A. If you propose to purchase, lease, or rent a vehicle, please provide the following additional information:

- 1. Explain why less expensive forms of transportation (*e.g., public transportation, cabs*) will not allow you to reach your work goal.

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- 2. Do you currently have a valid driver’s license?       YES     NO  
If “YES,” skip to 3. If “NO,” complete the following:

Who will drive the vehicle? \_\_\_\_\_  
How will it be used to help you with your work goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. If you are proposing the **purchase** a vehicle, explain why renting or leasing are not sufficient.

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- 4. Explain why you chose the particular vehicle. (**Note:** the purchase of the vehicle should be listed as one of the steps in Part III.)

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- B. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (e.g., rental or a computer or purchase of a less expensive model) will not allow you to reach your goal. Explain why you need the capabilities of the particular computer/equipment you identified. Also, if you attend (or will attend) a school with a computer lab for student use, explain why use of that facility is not sufficient to meet your needs.

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- C. Other than the items identified in A or B above, list the items or services you are buying or renting or will need to buy or rent in order to reach your work goal. Be as specific as possible. If schooling is an item, list tuition, fees, books, etc. as separate items. List the cost for the entire length of time you will be in school. Where applicable, include brand and model number or the item. **(Do not include expenses you were paying prior to the beginning of your plan; only additional expenses incurred because of your plan can be approved.)**

**NOTE:** Be sure that Part III shows when you will purchase these items or services or training.

1. Item/service training \_\_\_\_\_ Cost \$ \_\_\_\_\_

Vendor provider \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

How did you determine the cost? \_\_\_\_\_

Why wouldn't something less expensive meet your needs? \_\_\_\_\_

2. Item/service training \_\_\_\_\_ Cost \$ \_\_\_\_\_

Vendor provider \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

How did you determine the cost? \_\_\_\_\_

Why wouldn't something less expensive meet your needs? \_\_\_\_\_

3. Item/service training \_\_\_\_\_ Cost \$ \_\_\_\_\_

Vendor provider \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

\_\_\_\_\_

How did you determine the cost? \_\_\_\_\_

\_\_\_\_\_

Why wouldn't something less expensive meet your needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Item/service training \_\_\_\_\_ Cost \$ \_\_\_\_\_

Vendor provider \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

\_\_\_\_\_

How did you determine the cost? \_\_\_\_\_

\_\_\_\_\_

Why wouldn't something less expensive meet your needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Item/service training \_\_\_\_\_ Cost \$ \_\_\_\_\_

Vendor provider \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

\_\_\_\_\_

How did you determine the cost? \_\_\_\_\_

\_\_\_\_\_

Why wouldn't something less expensive meet your needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



D. If you indicated in Part II (page 4) that you have a college degree or specialized training, and your plan includes additional education or training, explain why the education/training you already received is not sufficient to allow you to be self-supporting.

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E. What are your current expenses each month (*rent, food, utilities, phone, property taxes, homeowner's insurance automobile repair and maintenance, public transportation costs, clothes, laundry/dry cleaning, charity contributions, etc.*)?  
\$ \_\_\_\_\_/month

If the amount of income you will have available for living expenses after making payments or saving money for your plan expenses is **less than** your current living expenses, explain how you will pay for your living expenses.

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**PART V — FUNDING FOR WORK GOAL**

A. Do you plan to use any items you already own (e.g., equipment or property) to reach our work goal?

YES    NO

If “NO,” skip to B.

If “YES,” complete the following:

Item \_\_\_\_\_

Value \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

\_\_\_\_\_

Item \_\_\_\_\_

Value \_\_\_\_\_

How will this help you reach your work goal? \_\_\_\_\_

\_\_\_\_\_

B. Have you saved any money to pay for the expenses listed on pages 6-8 in Part IV? (*Include cash on hand or money in a bank account.*)    YES    NO   If “NO,” skip to C.

C. Do you receive or expect to receive income other than SSI payments?  YES    NO

If “NO,” skip to F.

If “YES,” provide details as follows:

Type of Income	Amount	Frequency (Weekly, Monthly, Yearly)

D. How much of this income will you use each month to pay for the expenses listed in Part IV?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Do you plan to save any or all of this money for a future purchase which is necessary to complete your goal?

YES  NO If "NO," skip to F.

If "YES," how will you keep the money separate from other money you have? *(If you will keep the savings in a separate bank account, give the name and address of the bank and the account number.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Will any other person or organization (e.g., Vocational Rehabilitation, school grants, Job Partnership Training Assistance (JTPA) pay for or reimburse you for any part of the expenses listed in Part IV or provide any other items or services you will need?

YES  NO If "NO," skip to Part VI.

Who will pay	Item/service	Amount	When will the item/service be purchased?

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**PART VI — REMARKS**

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\_\_\_\_\_

**PART VII -- AGREEMENT**

If my plan is approved, I agree to:

- Comply with all of the terms and conditions of the plan as approved by the Social Security Administration (SSA);
- Report any changes in my plan **to SSA** immediately

- Keep records and receipts of all expenditures I make under the plan until asked to provide them to SSA.
- Use the income or resources set aside under the plan **only** to buy the items or services shown in the plan as approved by SSA.

I realize that if I do not comply with the terms of the plan or if I use the income or resources set aside under my plan for any other purpose, SSA will count the income or resources that were excluded and I may have to repay the additional SSI I received.

I also realize that SSA may not approve any expenditures for which I do not submit receipts or other proof of payment.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State Law. I affirm that all the information I have given on this form is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:  
Home \_\_\_\_\_  
Work \_\_\_\_\_

## **PRIVACY ACT STATEMENT**

The Social Security Administration is allowed to collect the information on this form under section 1631 (e) of the Social Security Act. We need this information to determine if we can approve your plan for achieving self-support. Giving us this information is voluntary. However, without it, we may not be able to approve your plan. Social Security will not use the information for any other purpose.

We would give out the facts on this form without your consent only in certain situations. For example, we give out this information if a Federal law requires us to or if your Congressional Representative or Senator needs the information to answer questions you ask them.

## **PAPERWORK REDUCTION ACT NOTICE AND TIME IT TAKES STATEMENT**

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 120 minutes to complete this form. This includes the time it will take to read the instruction, gather the necessary facts and fill out the form.

## OUR RESPONSIBILITIES TO YOU

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We received the plan for achieving self-support (PASS) on \_\_\_\_\_ . Your plan will be processed by Social Security employees who are trained to work with PASS.

The PASS expert handling your case will work directly with you. He or she will look over the plan as soon as possible to see if there is a good chance that you can meet your work goal. The PASS expert will also make sure that the things you want to pay for are needed to achieve your work goal and are reasonably priced. If changes are needed, the PASS expert will discuss them with you.

You may contact the PASS expert toll-free at 1-\_\_\_\_\_.

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## YOUR REPORTING AND RECORDKEEPING RESPONSIBILITIES

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**If we approve your plan, you must tell Social Security about any changes to your plan. You must tell us if:**

- Your medical condition improves.
- You are unable to follow your plan.
- You decide not to pursue your goal or decide to pursue a different goal.
- You decide that you do not need to pay for any of the expenses you listed in your plan.
- Someone else pays for any of your plan expenses.
- You use the income or resources we exclude for a purpose other than the expense specified in your plan.
- There are any other changes to your plan.

You must tell us about any of these things within 10 days following the month in which it happens. If you do not report any of these things, we may stop your plan.

You should also tell us if you decide that you need to pay for other expenses not listed in your plan in order to reach your goal. We may be able to change your plan or change the amount of income we exclude so you can pay for the additional expenses.

**YOU MUST KEEP RECEIPTS OR CANCELLED CHECKS TO SHOW THAT EXPENSES YOU PAID FOR AS PART OF THE PLAN.** You need to keep these receipts or cancelled checks until we contact you to find out if you are still following your plan. When we contact you, we will ask to see the receipts or cancelled checks. If you are not following the plan, you may have to pay back the some or all of the SSI you received.

## **Expedited Reinstatement of Benefits (EXR)**

Well, as you can see, most people on SSI can earn a lot more than they think they can and still receive some SSI and/or their Medicaid. However, if someone like Alyssa continues to work and get promotions and raises, eventually, she could possibly earn so much money that she no longer qualifies for 1619 B. At that point, SSA will close her file and her Medicaid will end. If this happens, she's still VERY MUCH better off than when she was only getting SSI and Medicaid each month.

But, what if, later, she loses her job, due to her disability? Well, if this happens within 5 years of when SSA closes her file, she can very easily return to SSI and Medicaid. She would notify SSA of job loss and complete a couple of forms. SSA would then hurry up the process of reapproving her for benefits. While they are doing this, though, SSA will send the person SSI checks, as if they were already approved. This can last up to six months, while they are processing the new paperwork. This is called expedited reinstatement, or "easy back-on" (that's a good name for it, don't you agree?). This is a very new employment support, so you may be the first among your friends on SSI to learn about it!

## Terms and What They Mean

**Blind Work Expenses (BWI):** If you are blind, when they determine your SSI and Medicaid eligibility and payment amount, SSA does not count earned income that you use to meet expenses in earning the income.

**Break-Even Point (BEP):** This is the dollar amount of total countable income (after applicable exclusions and deductions are applied) that will reduce the SSI payment to zero and it is the point at which you are eligible for continued Medicaid, under 1619 B protection.

**Countable Income :** The amount of money left after SSA has subtracted all available deductions from your total gross income. They use this amount to determine your continued eligibility for SSI and to decide your cash benefit amount.

**Deeming:** The process of considering some of the income and resources of your parent or spouse to be your income and resources when you are applying for or receiving SSI .

**Gross Income:** Income received from work, before taxes or any other deductions are made.

**Impairment-Related Work Expenses (IRWE):** SSA deducts the cost of items and services that you need to work because of your impairment (e.g., attendant care) when they calculate your SSI cash payment amount.

**Income:** Income could be Earned income (money received from wages, including from a sheltered workshop, self-employment and royalties) or Unearned income (money received from all other sources such as gifts, prizes, etc).

**Medicaid:** Medical coverage provided to a person by the state title XIX program. You must be disabled and financially needy for the type of Medicaid protection offered by 1619B.

**Plan For Achieving Self-Support (PASS):** Under an (SSA) approved PASS, you may set aside income and/or resources over a reasonable time which will enable your to reach a work goal to become financially self-supporting. You then can use the income and resources that you set aside to obtain occupational training or education, purchase equipment, establish a business, etc. Money set aside under a PASS in not counted when SSA decides SSI eligibility and payment amount.

**Resources: These** are anything you own, such as a bank account, stocks, business assets, real property, etc, that you could use for your own support and medical expenses. Some resources are not counted, such as your house you live in or your car you need for going to work or medical appointment or things you need in order to work. SSI also does not count the first \$2000 of countable resources.



**Substantial Gainful Activity (SGA):** SSA and Medicaid evaluate work activity of persons applying for or receiving disability benefits. They use earnings guidelines to evaluate work and determine if it is “substantial”, and whether you can be considered disabled under the law. Earnings averaging over \$780/month generally demonstrate substantial gainful activity. After you are already receiving SSI, SGA does not matter.

**SSA:** Social Security Administration. This is a federal administration with an office near you. They take your application for SSI and also help you to manage changes in your SSI over time.

**SSI:** Supplemental Security Income, funded by Federal income tax, is a minimal monthly payment to people with disabilities or aged who are financially needy.

## MY RESOURCE LIST

*Complete this form with your resource contact information.*

SSA Information Line: 1-800-772-1213

SSA Web Site: [www.ssa.gov](http://www.ssa.gov)

My Local SSA Office:

My Claims Representative:

Address:

Phone:

My PASS Cadre:

My PASS Specialist:

Address:

Phone:

My Social Service Office:

My Medicaid Case Worker:

Address:

Phone:

My Benefits Specialist: Name:

Address:

Phone:

**Atlanta Region**

PASS Cadre

Birmingham, AL

800-254-9489

205-801-4444

**Boston Region**

PASS Cadre

Boston, MA

800-297-4291

617-565-8906, ext. 3066, 3064 or 3065

**Chicago Region**

PASS Cadre

Chicago, IL

800-842-0588

312-575-5970 or 5969

Cincinnati, OH

888-674-6249

513-821-9424 ext. 3008 or 3009

Lakewood, OH

800-551-2056, ext. 224 or 226

216-228-2926, ext. 224 or 226

St. Paul, MN

800-551-9796

651-290-0304, ext. 3061,3074 or 3018

**Dallas Region**

PASS Cadre

Ft. Worth, TX

888-287-7845

817-278-7845

**Denver Region**

PASS Cadre  
Denver, CO  
800-551-1034  
303-235-0653

**Kansas Region**

PASS Cadre  
Kansas City, KS  
800-551-9289  
913-621-3014

**New York Region**

PASS Cadre  
Cheektowaga, NY  
800-510-5680  
716-685-8039

New York, NY  
800-551-9583  
212-264-0969, ext. 5 or 6

**Philadelphia Region**

PASS Cadre  
Towson, MD  
800-551-9305  
410-825-4002, ext. 239, 240, or 241

**San Francisco Region**

PASS Cadre  
Anaheim, CA  
800-551-1507, ext. 206 or 232  
714-502-9329

Carmichael, CA  
888-383-1862  
916-338-2435

Chico, CA  
800-551-1762  
530-345-9788

San Diego, CA  
888-674-6250  
619-557-6605

San Francisco, CA  
877-612-8474  
415-744-5773, ext. 3242

**Seattle Region**  
PASS Cadre  
Seattle, WA  
888-674-6251  
206-615-2667 or 2627