

Kansas Department of Social Security Client Name _____

Primary Disability _____

Client Receives: ___SSI___SSDI ___Both

VR Counselor Name _____

Caseload Number _____

TICKET-TO-WORK ASSIGNMENT CHECKLIST

Please complete this checklist and send it with Ticket Assignment Form (SSA-1365) to:

Ticket-To-Work Coordinator
Rehabilitation Services Central Office
915 SW Harrison, Floor 9N
Topeka, KS 66612

Section A: To be completed by the VR Counselor

_____ 1. Call Maximus (1-866-968-7842 or 1-866-833-2967 TTY) to verify that this Ticket is available for assignment. _____ by _____
date Maximus staff person

Maximus may ask you for your EIN (Employer Identification Number). It is 48-6029925.

_____ 2. Attach a copy of the original IPE, signed by both the VR counselor and the client.* (It is not necessary to send IPE amendments.)

_____ 3. Complete and attach the original Ticket Assignment Form (SSA-1365), signed by both the VR counselor and the client.* Leave question # 7 blank. (File a copy of the SSA-1365 with the IPE in the record of services.)

_____ 4. Estimate the cost for the life of the case \$_____.
Project the Earnings: _____ hours per week at \$_____ per hour. (This will be used to help Central Office finalize the payment system decision on question #7.)

****The signature date on Form SSA-1365 must be the same or later than the signature date on the IPE.***

Section B: To be completed by Central Office

_____ 1. Complete question #7.

_____ 2. Fax Ticket assignment to Maximus; include IPE.

_____ 3. Confirmation of Ticket assignment received from Maximus. _____
date

_____ 4. Notified the VR counselor of confirmation status.

_____ 5. Client added to Ticket data base.