

**TICKET TO WORK INTEREST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Referred By:
<input type="checkbox"/> MAXIMUS
<input type="checkbox"/> SSA
<input type="checkbox"/> RIL/WIPA
<input type="checkbox"/> Other: _____

Are you between the ages of 18-64?  Yes  No Age: \_\_\_\_\_  
 Are you currently receiving SSI?  Yes  No  I don't know  
 Are you currently receiving SSDI?  Yes  No  I don't know

Are you interested in returning to work with the ultimate goal of getting off Social Security completely and becoming self-sufficient?  Yes  No

Have you met with a Certified Work Incentives Coordinator (CWIC) to review how work will impact benefits?  Yes  No Date: \_\_\_\_\_

Have you met with any other EN or DOR?  Yes  No If yes, who: \_\_\_\_\_

Referral(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO BE COMPLETED BY MADERA COUNTY WORKFORCE ASSISTANCE CENTER		
MAXIMUS: 1-866-949-3687	EN DUNS#: 038856290	
Assignable? <input type="checkbox"/> Yes <input type="checkbox"/> No	In-Use with VR? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not in System
Date: _____	Previously assigned with VR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to SSA: 1-800-772-1213
Contact: _____	If yes, was case closed successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Added to Database: Date: _____ By: _____
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