PROGRAM COOMMITMENT LETTER

TICKET TO WORK

**FreeneyRCS**

By enrolling in Freeney Rehabilitative Career Services, LLC, you have committed to the goals we’ve jointly created for successful employment. This is a working partnership. By signing below, you accept the following responsibilities:

1. Please notify our office if you want to make any changes in your employment goals, or if your address and phone have changed.
2. Once you begin working, even if it is a temporary position, please let us know.
3. **If you receive SSI**, you will need to call (1-800-772-1213) to notify Social Security of your job, and details like the name of the company, how much you are making, etc. We can also give you a letter to send to your local office, stating that information. In order to have SSI stay accurate with your information, you have to get that information in from the 1st and 6th every month. That’s important so that you don’t have an overpayment, and start getting endless letters from Social Security.
4. **If you receive SSDI**, or “disability”, we’ll give you the letter to send to your local Social Security office, and then you can mail your check stubs in each month to your local office. We suggest providing an extra envelope so that they can send you a receipt.
5. **Save copies of all of your pay stubs**. There are several ways to do this, and all of them can be effective. Be disciplined in your approach. Not only do you need to keep Social Security updated, you need to send your pay stubs to us as well. You can do this several ways:

* Fax pay stubs to the FreeneyRCS @ (214)683-7230
* Scan your pay stubs, and email them to: freeneyrcs@gmail.com
* Mail your pay stubs to: FreeneyRCS 457 Laurence Dr. Ste 407, Heath, TX 75032
* Fax check stubs to (972)357-7910 ☺

1. If your pay stubs are lost or misplaced, you can request an Earnings Statement from your employer. We can work with you on this.
2. FreeneyRCS will let you know what is required to verify income if you are self-employed, an independent contractor, or are paid for work, but do not receive a pay stub.

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ promise to comply with the requirements of my employment service plan with FreeneyRCS. I understand these requirements will assist FreeneyRCS in providing their best services, and that my failure to comply could impact the services and long term supports that I receive.

Upon being employed, if I do not or am unable to provide pay stubs directly to FreeneyRCS, in the ways mentioned above, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my employer to release any and all pertinent employment information (such as start dates, salary, etc.,) as well as my current address and phone number to any FreeneyRCS staff person who calls/faxes to verify employment. I understand that this information will be kept confidential, and is only for the purposes of FreeneyRCS Achievements complying with the national Ticket To Work Program. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also give FreeneyRCS staff permission to use my social security number to look up my employment information on The Work Number, (a national employment registry) if other methods have failed to obtain this information. I give my consent to this release of information, and it shall be valid for five (5) years from the date signed.

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Signature of Client Date

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FreeneyRCS Staff Signature Date