

Beneficiary Ticket Unassignment Request Form

Finding the right service provider is an important step on your journey toward financial independence! If you have decided to end your relationship with your current provider, you have the right to unassign your Ticket and take it to another provider.

If you have questions about your unassignment or about Ticket to Work, please call the Ticket to Work Help Line at **1-866-968-7842** or **1-866-833-2967 (TTY)** Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

To unassign your Ticket, please provide the following information:

Name:

Phone Number:

Social Security Number:

Employment Network (EN) Name:

Please identify the reason(s) you are unassigning your Ticket from this EN. Check all that apply.

- Not satisfied with services
- Cannot contact/ non-responsive
- Found another provider
- No longer interested in participating in Ticket to Work
- Health issues
- Other

I, _____ request that my Ticket be unassigned from this EN.

Signature:

Date:

Mail this completed form to:

Ticket Program Manager (TPM)
ATTN: Ticket Unassignment
P.O. Box 1433
Alexandria, VA 22313

Or fax it to:

703-893-4020
ATTN: Ticket Unassignment

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(b), 205(d), and 1631(c) of the Social Security Act, as amended, allow us to collect this information, which we will use to contact you for your online video hearing, and acknowledge your agreement to attend your hearing by online video. Providing this information is voluntary, but not providing all or part of the information will prevent us from scheduling you to attend your hearing by online video. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notice(s) (SORN) 60-0005, 60-0009, 60-0089, and 60-0320; available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***