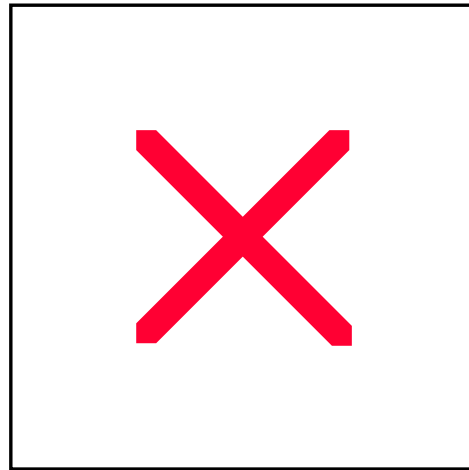


Guide for Completing

SSA-545-BK

PLAN FOR ACHIEVING

SELF-SUPPORT



**INSTRUCTIONS FOR COMPLETING FORM SSA-545-BK
(PLAN FOR ACHIEVING SELF-SUPPORT)**

BACKGROUND

Form SSA-545-BK is designed to capture most of the information SSA needs to make an informed decision about a person's proposed PASS that does not involve a self-employment work goal.

POLICY

An SSA-545-BK should be completed for each initial PASS. If the information is submitted in another format, only those items on the SSA-545-BK need be completed which are not answered completely by the material submitted by the individual.

For a work goal involving self-employment, a detailed business plan also is needed.

An SSA-545-BK may be used for change the original approved PASS. Complete only those items of the form that are being changed.

PLAN FOR ACHIEVING SELF-SUPPORT

In order to minimize processing delays or the need to re-contact a claimant, 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 1 – YOUR WORK GOAL

- A. What is your work 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." If you show "VR Evaluation," be sure to complete Part II, question f on page 4.*
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-

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 job coaching hours you expect to receive after the plan is completed.
_____ per week/month (*circle one*).

Instructions: Record the work goal. The goal must be either the specific job (e.g., carpenter or mainframe computer programmer) which the individual plans to have after completing the PASS or "VR Evaluation." Statements such as "getting a degree" or "obtaining transportation to work/school" are not acceptable goals (although they may be allowable expenses if they are necessary to achieve the goal).

Include as much detail about the job as possible. For example, a goal shown as "secondary level English teacher" is more descriptive than simply saying "teacher."

If supported employment is involved, show the number of hours of job coaching expected at the beginning of the PASS and at the end of the PASS.

Example: "My work goal is to maintain my supported employment position at the Marriott. Currently I need 15 hours of job coaching monthly, but when my plan ends in June 1997, I will only require 4 hours per/month and additionally, I will have increased

my work hours from 20 per/week to 33 per/week. The job coaching will allow me to increase my ability to accomplish the expected job duties".

The goal must also be expected to make the person self-supporting by generating sufficient earnings to result in a reduction or elimination of benefits.

A PASS may have an occupational objective of "VR Evaluation" in order to cover the costs associated with obtaining the evaluation. Once the agency performs the study, the individual must amend the plan to specify a work goal.

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

Instructions: Describe the duties the individual expects to perform in the job in sufficient detail to assist in determining if the goal is feasible and when the individual has attained the goal. A written job description may be attached instead of completing this item. The goal is feasible if the individual has a reasonable chance to reach the goal, considering factors such as the nature of the disability, educational and vocational background, etc. SSA may contact employment rehabilitation professionals to help determine if the goal is reasonable for the individual.

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

Instructions: Record the reasons the person decided to pursue the particular work goal.

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

Instructions: Record information about current and expected earnings levels. This information is needed to ensure that the PASS is expected to result in increased earnings.

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

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-and-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.

Instructions: Record the individual's explanation as to why a self-employment goal is preferable to working for someone else. The explanation should include any information not contained elsewhere in the PASS material, including any discussions about the business venture the individual has had with a knowledgeable third party. To increase the chances for success, given the overall failure rate of new small businesses, a self-employment goal requires additional time and dedication on the part of the person than is required by working in a similar occupation as an employee. Further, an individual seeking to set up a business will have numerous startup expenses that someone who is an employee would not have.

Example: "Because of my disability, I need to lay flat on my back every 3 hours to relieve the pressure. I cannot work in the private sector; employers will not give me the proper accommodations. I have tried 2 times before and both employers have let me go. If I have my own business, I can rest as needed".

The individual may choose to contact SBA or S.C.O.R.E. SBA funds a locally chartered volunteer organization, the Service Corps of Retired Executives/Active Corps of Executives (SCORE), who can provide free expert problem-solving assistance to small business. SCORE tries to match counselor experience with client needs and provide one-on-one counseling.

To access the nearest SCORE chapter location:

- ◆ Dial 1-800-634-0245 or
- ◆ Call SBA @ 1-800-U-ASK-SBA, then,
 - Press #1 for the main directory, then,
 - Press #3 for SCORE information, after the message;
 - Press #1, enter your area code.

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.

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? _____

Instructions: Include in this item information about any additional source of information that may prove beneficial when SSA evaluates the PASS.

NOTE: If the individual gives SSA permission to contact the third party that helped prepare the PASS for information or to furnish that party with a copy of the notice, a separate SSA-3288 is not required.

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? _____

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

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

Instructions: Include the person's explanation as to why a prior PASS didn't work out as planned. Attach a copy of the prior PASS, if readily available. There is no limit to the number of plans an individual may develop provided each plan involves a different occupational objective. However, only one plan can be in effect at a time. Before a new PASS is approved, SSA must establish that the individual is unable to obtain employment in the prior work goal. One factor in this decision is whether the individual obtained the needed goods and services.

Example: Frank Smith's first PASS was to be employed as a computer programmer. In 12/95, he received an AA certificate in computer programming. He began employment in 1/96 with a private agency. This lasted until 04/96 when he had to terminate employment due to a sudden onset of rheumatoid arthritis in his

left shoulder and right hand, wrist and elbow joint. (He was approved for SSI based on disease of his esophagus). It was impossible for Frank to sit and type at a computer for any length of time. In 08/96 Mr. Smith submitted a new PASS with a goal to become a realtor. Along with his new PASS, he provided a statement from his physician that he was unable to perform the duties as a computer programmer due to the sudden onset of rheumatoid arthritis. He also submitted a statement from his last employer stating the difficulties he observed Frank having while employed with his agency.

PART II – MEDICAL/VOCATIONAL BACKGROUND

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

Instructions: Include all disabling or contributing conditions, not just those impairments considered by SSA for the disability determination. The person's impairments are a factor in determining the feasibility of the goal and the need for proposed expenses to meet the goal.

EXAMPLE: A person who was awarded benefits due to a mental impairment, but who also has a back ailment, should list both conditions as both conditions may have a bearing on the decisions.

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?

Instructions: Record the effect of the person's impairments. Include additional information about the person's abilities as they pertain to the job duties noted in Item I.B, as well as any information as to how the person expects to carry out the duties in spite of the limitations. If the goods and services in Part IV are expected to help, be sure the SSA-545-BK includes an explanation as to how the goods and services are expected to help the person overcome the limitations.

Example: A person who planned to work in a warehouse stated that he could not walk, but he used a wheelchair to get around. One of

his expenses was to have his van modified to include a ramp to get in and out of the van, and hand controls to drive it. The individual needed the van to make occasional deliveries, as required by the job.

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 Equivalency

College: 1 2 3 4 or more

1. Were you awarded a college or postgraduate degree? YES NO. If "NO," skip to 2.

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, trade or vocational school? YES

N O

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 did you receive? _____

Instructions for C, D, and E: Include information about the person's vocational and educational background that will be useful in evaluating the feasibility of the goal, the viability of the plan, and the necessity of proposed expenses.

F. Have you ever had or expect to have a vocational evaluation or an Individualized Written Rehabilitation Plan (IWRP) or an Individualized Employment Plan (IEP)? YES NO
If "NO," skip to Part III (page 5).

If "YES," attach a copy of the evaluation and skip to Part II (page 5). If you cannot attach 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 IWRP or IEP or will prepare the IWRP or IEP.

Instructions: Include information about any individualized written rehabilitation plan or individualized employment plan prepared for the person. Such items, if available, can provide valuable information or a contact with respect to evaluating the work goal, plan and expenses (goods and services).

PART III –YOUR PLAN

I want my Plan to begin _____ (month/year)

My Plan will end _____ (month/year)

List the steps (**in sequence**) that you will take to reach this work goal. Be as specific as possible. If you will be attending school, show the courses you will study each quarter/semester. Include the final steps to find a job once you have obtained the tools, education, services, etc., that you need.

Step	Beginning Date	Completion Date

Instructions: Record the individual's step-by-step plan to reach his or her goal. This information will be used to evaluate the viability of the plan and the appropriateness of the timetable, and to determine the appropriate point(s) for following up on the person's progress with the plan.

Include as much detail as possible about each sequential action the person will take including the purchase of goods and services identified in Part IV. This item has intentionally been placed before the list of expenses in order to direct the person's focus on the plan itself rather than on the expenses (goods and services).

Be sure to include a step that describes how the individual intends to find employment once all the goods and services the person needs are in place (e.g. registering with an employment agency and mailing resumes).

Example: To become a teacher, a person usually must, in sequence:

1. Obtain a high school diploma or equivalency by MO/DAY/YEAR,
2. Be accepted at the University of Washington for fall quarter MO/DAY/YEAR,
3. Maintain an acceptable GPA for the following four years,
4. Adequately complete the college's student teaching requirements,
5. Receive a baccalaureate degree,
6. Pass certification tests (indicate MO/DAY/YEAR),
7. Apply for teaching jobs - e.g., will go through XXX Employment Agency.
8. Obtain a job by MO/YEAR.

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.
-

2. Do you currently have a valid driver's license? YES NO

If "YES," skip to 3.

If "NO," complete the following:

Does Part III include the steps you will follow to get a 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 to **purchase** a vehicle, explain why renting or leasing are not sufficient. _____
 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.)
-

Instructions: Collect information in these items about proposed expenses involving vehicles and computers. Be as descriptive as possible about the type or model being sought. If specific models are undecided, include as much information as possible about the features needed and the relationship of the proposed expense to the goal. Only those expenses incurred because of a PASS can be approved.

The person should justify the need for purchasing a vehicle and the need for a new one rather than a reliable used vehicle. Also, ensure that leasing or renting have been considered.

Example: Mr. Brown needs transportation to college to complete his education. Public transportation schedules do not meet his needs. He has found a reliable used car at a reasonable price, which will cost less than leasing or renting for the duration of the plan. He will also use the car to get to work.

- B. If you propose to purchase computer equipment or other expensive equipment, please explain why a less expensive alternative (*e.g., rental of 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.

Instructions: See instructions in A. above.

Example: Ms. Johnson plans to be a computer aided designer (CAD). She needs her own computer to have access to Internet, which she will use to communicate with her customers. The computer needs to have high memory capability to accommodate the software that she needs to create and store the designs. She needs the latest version of the appropriate software applications to remain competitive. She also needs a high quality printer to produce good results. (Note: The individual should specify the brand, its capabilities, the exact memory requirements for her to perform the job, the exact type of printer, etc.)

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 of 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? _____

Instructions: Record detailed information about the goods and services the person proposes to purchase with the excluded income and/or resources. Provide as much detail as possible about the proposed expenses and their relationship to the goal to help evaluate the necessity and reasonableness of the expense.

A general statement such as "tool" is not sufficient to evaluate the necessity of an item and the reasonableness of its cost. Provide as much specific information about each item as possible. If known, list the specific brand and model number for an item and an explanation as to why that particular model was chosen. If a specific model has not been selected, try to identify as many of

the details and features of the item needed (e.g. computer with sufficient memory to run a word processing program).

If a particular vendor has been selected, enter the vendor's name, address, and phone number.

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.

Instructions: Record the person's explanation as to why additional training or education is needed in light of the person's educational background which already includes a college degree or specialized training. Consider these expenses with respect to the goal as defined in Part I.A. This question will help SSA evaluate whether the person already has the capacity for self-support and whether proposed educational or training expenses are necessary.

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.

Instructions: Be specific in listing all household expenses. Use the SSA-632 as a guide to ensure that all expenses are considered. The money that the individual sets aside to pay for approved expenses must leave him/her with enough money to meet living expenses. If the person expects to become eligible for SSI through a PASS, s/he must explain how s/he will live on any money not set aside for the PASS, along with any expected PASS payment.

PART V – FUNDING YOUR WORK GOAL

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

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.

If “YES,” how much have you saved? _____

Instructions: Identify in these items the existing resources that the person will use towards the goal. Be specific about the nature and value of each resource. This information is used to determine which assets SSA can exclude because they will be used to pay for approved PASS expenses. SSA makes decisions on SSI eligibility and payment amount based on countable (after exclusions) income and resources, as well as other factors.

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 (JPTA) 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.

If "YES," provide details as follows:

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

Instructions: Record in C through F information that provides a financial perspective of the plan to list:

- What funds, other than those already listed in items A and B, are to be used to pay for the proposed expenses;
- The ongoing living expenses of the person;
- How the funds used for the PASS will be kept separate from other funds; and

- Any expected reimbursements for the proposed expenses.

Collectively, these items should provide sufficient information to answer the following question, *Will the individual have sufficient income to pay for the expenses noted in Part IV, A., B., and C., and still meet the ongoing living expenses listed in Part IV, E.?*

NOTE: Item D refers to the income listed in C (also shown in I.C) and the expenses listed I Part IV, A., B., and C.

PART VI- REMARKS

Instructions: This part is self-explanatory.

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 _____

Instructions: Make sure the individual understands his or her responsibilities under the PASS. Have the individual (or representative payee) sign the form even if the form is being used as a supplement to other material submitted.

If the individual or representative payee refuses to sign the agreement advise the individual that the PASS will not be approved

if the form is not signed. Document the refusal on a report of contact.

**OUR RESPONSIBILITIES TO YOU
and
YOUR REPORTING AND RECORDKEEPING RESPONSIBILITIES**

Instructions: Give the individual the last page of the form as a receipt. Complete the fill-ins to indicate when the plan was received and to give the person the toll-free phone number of the servicing PASS cadre site.

Remind the individual about the reporting responsibilities and the need to keep receipts for all expenses until the next progress review.