

3 Easy Ways to Register!

*Fax: 410-381-1558

* E-mail: registration@mdworks.com

*Mail to: Maryland Works, Inc.

10270 Old Columbia Rd, Suite 100
Columbia, MD 21046-1854



Maryland Works, Inc.

Location

10270 Old Columbia Rd., Suite 100,
Columbia, MD 21046
410-381-8660 * FAX 410-381-1558
www.mdworks.com

Making “Ticket to Work” Work for You!

Tuesday, September 11, 2018

9:00 a.m. – 12 noon

Registration begins at 8:30 am

Is your agency currently assisting people who receive SSI/SSDI return to work? Have you heard about the Ticket to Work (TTW) program but are not sure how to get involved? Was your agency previously, or currently, an Employment Network (EN) but you’ve struggled to get it going or receive payments?

Learn how to make the TTW program work for you through a detailed explanation of:

- The TTW application process including suitability
- Timelines and potential costs to a new EN
- What services an EN must provide to a beneficiary
- What has to be included in an Individual Work Plan
- How to get paid and pitfalls to watch out for
- TTW as a work incentive
- How to use the TTW program as a way to bring in new funding for services already being supported under other programs
- Alternative ways to make TTW work for you by partnering with agencies to expedite the entire process

Who Should Attend: Employers, Supported Employment providers, Residential Service providers, Resource Coordinators, Case Managers, School Transition coordinators, Benefits Counselors, Long Term and Short Term Disability providers and others at any organizational level who wants to better understand the Ticket to Work program and how to utilize it at their company.

Training Facilitator: Amy Wallish is the Founder and CEO of a successful Employment Network based in Maryland with services in several states. She has helped more than a dozen providers successfully participate in the TTW program and get paid. She has trained across the country on Ticket to Work, work incentives and asset development.

[Registration form →](#)

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Name _____ Title _____

Organization _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone ____/____/____ Fax ____/____/____

<p>____ Member @ FREE (No Shows Will Be Charged \$40) ____ Non-Member @ \$90.00</p>

Method of payment ____ **Visa** ____ **Mastercard** ____ **Check** enclosed (payable to Maryland Works, Inc)

Card number _____ Exp _____ CSC Code _____ (3 digit code on back of CC)

Name as it appears on the card _____

Signature _____ E-Mail _____

Credit card receipt will be e-mailed

Billing Address Associated with Credit Card

ADA Accommodations (please specify) _____ **Deadline for special needs is two weeks prior to program date**

48 Hour Noticed Required for Refund