

PASS FORM

Plan for Achieving Self-Support

In order to minimize re-contacts and process delays 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.

Date Received

Name XXXXXXXXXXXX

SSN: XXXXXXXXXX

E-mail Address: XXXXXXXXXXXX

Part I - Your 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.)

To own and operate my own copying and shredding business "Nick's Copy Service"

If your goal involves supported employment, show the number of hours of job coaching you will receive when you begin working **20 Hours per week** (check one).

Show the number of hours of job coaching you expect to receive after the plan is completed.

10 Hours per month (check one).

- B. Describe the duties you will be expected to perform in this job. Be as specific as possible (standing, walking, sitting, lifting, stooping, bending, contact with the public, writing reports/documents, etc.)

I will be standing, walking, sitting, lifting, etc.... in the operation of my business, with my major daily work focusing on the production/service part of my business via performing shredding and copying work for my customers.

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

This business is an excellent match for my interests in working in an office, coupled with a strong market, and confirmed start up contract work. I prefer indoor work in an office, and have outstanding support from my family and business friends and customers. I also have support, both financial and vocational with concurrence from XXXX Vocational Rehabilitation Services.

- 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? **Over \$1,500/month**

Please tell us how did you arrive at that dollar amount: **Solid projections from my business plan (see plan)**

Part I – (Continued)

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

I have a unique opportunity with my business due to my family support, and business relationships through my family’s business networks. My goal is clearly “more self-supporting” than I could develop in a wage job, and includes a business location within another business that will provide a significant level of support and is customized to accommodate my strengths and weaknesses in a manner that would not exist in a wage job. (Please see the attaché business plan for additional supporting information)

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.

F. Did someone help you prepare this plan? **Yes** If “No,” skip to G.
Contact Information for Plan Preparer, include Organization’s name, individual’s name, address, phone, and e-mail.

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
David Hammis, dhammis@griffinhammis.com, 513-424-6198,
317 Franklin Street, Middletown, OH 45042

May we contact them if we need additional information about your plan? **Yes**
Do you want us to send them a copy of our decision on your plan? **Yes**
Are they charging you a fee for this service? **No**
If “YES,” how much are they charging? **\$0**

G. Have you ever submitted a Plan for Achieving Self-support (PASS) to Social Security? **No**
If “NO,” skip to Part II (page 3).
If “YES,” complete the following:
Was a PASS ever approved for you? **Not Applicable (N/A)** If “NO,” skip to Part II (page 3).
If “YES,” complete the following:
When was your most recent plan approved (month/year)? **N/A**

What was your work goal in that plan? **N/A**

Did you complete that PASS? **N/A**

If “NO,” why weren’t you able to complete it? **N/A**

If “YES,” why weren’t you able to become self-supporting?
N/A

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

N/A

Part II - Medical/Vocational/Educational Background

A. What is the nature of your disability? Autism, Mild developmental delays

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.

My limitations are manifested by inability to grasp concepts. Non-traditional social skills make it difficult for me to participate in a regular work experience. Change is difficult especially if it is not anticipated or explained to me thoroughly and in advance. My decision making skills are limited to concrete concepts. Physically, I am quite healthy with exception of flat feet that pronate inward making it difficult to stand all day in one place with out being able to sit down periodically, prolonged walking produces pressure points on my feet which are painful and must be monitored for skin breakdown.

In light of the limitations you described, how will you carry out the duties of your work goal?

Ironically some of my weaknesses are my greatest strengths when properly channeled. This business will allow me to use my route skills repeatedly as I excel at repetitive tasks. I have good computer skills and will utilize those to compensate for limited decision-making skills. I have, as previously stated, outstanding natural support from my family and business friends in addition to utilization of a personal assistant through the Medicaid Waiver program to provide residential and community habilitation and participation service. In operating my own business I can have the space ergonomically engineered so that I do not have to stand for extended periods nor will I have to walk long distances or for extended time periods. I will hire professionals when necessary to complete aspects of my business, which might present a problem, such as accounting, just as any other business would access professional services.

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 when 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 code (AFCS); and for the Navy, Marine Corps, and Coast Guard, list your RATE.

Job Title	Type of Business	Dates Worked	
		From	To
Volunteer	XXXXXX Hospital Resource Center	See attached	Present
Volunteer	XXXXXXXX Water Dept	See attached	
Volunteer	XXXXXX Video	See attached	
Volunteer	XXXXXX downtown office	See attached	
Student worker	XXXXXX High School Main Office	1998	2001

D. Check the highest grade of school completed

1 2 3 4 5 6 7 8 9 10 11 x 12

GED or High School Equivalency

College: 1 2 3 4 or more, or if you have not completed a college program, please show the number of Total of accumulated College hours

Explanation if needed:

I have attached a college transcript. Yes No

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 XXXXXX High School

Address XXXXXXXXXXXXXXXXXXXX

Dates attended: From 1998 To 2001

Type of program Certificate program

E. Have you completed any type of special job training, trade or vocational school? Yes No

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.

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 or IEP and skip to Part III (page 5).

I have attached a copy of my vocational evaluation: Yes No

Note: If you cannot attach a copy, please tell us why, and complete the following:

Explanation for not attaching a copy of the IEP or Vocational Evaluation:

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, e-mail 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.

Sharon XXXXXX VR Counselor, at XXXXXXXX Administration, XXXXXXXXXXXXXXXXXXXXXXX

Have you been issued a Ticket from SSA? Yes No

Have you assigned your Ticket to an Employment Network? Yes No

If YES, Please provide the contact person, organization, e-mail address, phone number below:

Do you want a copy of your plan sent to your EN Provider? Yes No

Part III - Your Plan

I want my Plan to begin June 2003 (month/year) and my Plan to end November 2004 (month/year)

List the steps, in sequence that you will take to reach the 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
Pre-Business opening – remodel office space (with a \$6,300 personal loan form my mother), and VR purchases startup equipment and supplies, and install phone/internet	May 2003	June 2003
Open Business Operations with firm contracts	June 2003	June 2003
Increase Sales by 25% 2nd month	July 2003	July 2003
Increase sales by 10% in the next 2 months	August 2003	September 2003
Increase Sales by 20% in the 4th month	October 2003	October 2003
Increase Sales by 10% per month in the 5th – 12 month	November 2003	May 2004
Stabilize Sales at \$3,000 per month in the 13th – 18th month	June 2004	November 2004
Pay back \$3,900 startup loan	October 2003	November 2004
Pay \$250 for Phone/Internet Installation & \$400 for insurance	June 2003	June 2003
PASS paid business rent for 1st 11 months	June 2003	December 2003
PASS paid phone/internet for 1st 12 months	June 2003	May 2004
Achieve average NESE for 2003 over \$500 per month for 7 months	June 2003	December 2003
Achieve average NESE for 2003 over \$1,500 per month for 12 months 7 Pay 2nd year insurance of \$400 with PASS funds	January 2004	December 2004
Eliminate monthly SSI cash benefits (after PASS is completed)	December 2004	Ongoing
Move into 1619(b) Medicaid Status for continued SSI and Medicaid “eligibility” up to the Indian state 1619(b) Threshold of \$28,346	December 2004	Ongoing

Step	Beginning Date	Completion Date
PASS Completed, successful business startup, all PASS expenses paid off, reduced reliance on SSI, business cash flow stabilized, and average monthly earnings over \$1,500 per month NESE	November 2004	November 2004

Part IV Expenses

A. If you propose to purchase, lease or rent a vehicle, please provide the following additional information:

1. Do you currently own a vehicle?

No

If YES, please tell us about the vehicle you own, i.e., make model and year. Also, please write a brief statement as to your current vehicle's reliability.

2. Explain why alternate forms of transportation (e.g., public transportation, cabs) will not allow you to reach your goal?

Not Applicable – I am NOT proposing to purchase a vehicle with this PASS

3. 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?

Not Applicable – I am NOT proposing to purchase a vehicle with this PASS

4. If you are proposing to purchase a vehicle, explain why renting or leasing are not sufficient.

N/A

5. Explain why you chose the particular vehicle. (Note: the purchase of the vehicle should be listed as one of the steps in Part III).

Not Applicable – I am NOT proposing to purchase a vehicle with this PASS

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

N/A

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: Remodeled Office Space, Heating/ A/C, and wiring Cost: \$3,900.00

Vendor/provider: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

How will this help you reach your work goal?

In order to operate a business their must be a physical plant or office, space currently is the basically unimproved lower level of the Bridges office. It is necessary to create a work area and assure proper heat and cooling, current wiring is not sufficient to run copier, shredder, inserter/folder, and computer without overloading current wiring, thus necessitating an additional circuit.

How will you pay for this item (e.g., one-time payment, monthly payments)? Monthly payments
How did you determine the cost. **Bids from 3 contractors were obtained and the lowest one chosen.**
Why wouldn't something less expensive meet your needs?

Payment for renovations is in the form of a 0% interest loan from my family, this loan will be paid off in small payments beginning in Oct 2003

2. Item/service/training: Office Space Rent for 11 months at \$450 per month Cost: \$4,950

Vendor/provider: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

How will this help you reach your work goal?

As stated above, in order to be a functional business a space to do business is essential to the success of any business. Rent includes gas, electric and water, no extra charge for utilities.

How will you pay for this item (e.g., one-time payment, monthly payments) Monthly payments of \$450?
How did you determine the cost? Based on prevailing cost of locally available office space per square foot, when utilities were included in the rent.
Why wouldn't something less expensive meet your needs?

Rent will be paid monthly as a capital expense; cost was determined by going rate for similar office space with utilities included.

3. Item/service/training: Telephone & Internet Installation Cost: \$250

Vendor/provider: XXXXXXX Telecom

How will this help you reach your work goal?

Telephone and internet service is imperative for marketing and for doing general business. I anticipate using the internet to order supplies and to send and receive email orders and etc.

How will you pay for this item (e.g., one-time payment, monthly payments)? one time payment

How did you determine the cost? Actual cost charged by XXXXXXXXTelecom to move and program lines

Why wouldn't something less expensive meet your needs?

This is the most cost effective method since I am paying for phone and internet usage by tying in to an existing system. A one-time cost will be necessary to have phone and internet installed and programmed for my office space.

4. Item/service/training: Telephone & Internet Service for 12 months at \$66/Month Cost: \$792

Vendor/provider: XXXXXXXXXXXX

How will this help you reach your work goal?

As stated above telephone and internet service is imperative for marketing and for doing general business. I anticipate using the internet to order supplies and to send and receive email orders and etc.

How will you pay for this item (e.g., one-time payment, monthly payments)? Monthly payments

How did you determine the cost? % of actual sq ft of rented office space in relationship to total sq ft in existing office

Why wouldn't something less expensive meet your needs?

This is the most cost effective method since I am paying for phone and internet usage by tying in to an existing system.

5. Item/service/training: Business Liability Insurance \$400/Year for 2 Years Cost: \$800

Vendor/provider: XXXXXXXXXXXXXXXXXX

How will this help you reach your work goal?

Minimum Business Liability Insurance for a business of this type. Operating a business without liability insurance is very un-wise and one accident without insurance could bankrupt the business.

How will you pay for this item (e.g., one-time payment, monthly payments)? Yearly payments

How did you determine the cost? Quote from insurance companies

Why wouldn't something less expensive meet your needs?

This is the most cost effective minimum liability insurance I could locate

E. 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.

N/A

- E. What are your current living expenses each month (e.g., rent, food, utilities, phone, property taxes, homeowner's insurance, automobile repair and maintenance, public transportation costs, clothes, laundry/dry cleaning, charity contributions, etc.)?

\$552 /month (Please use the total from the breakdown sheet below.)

Monthly Expenses: Please complete the monthly expense breakdown sheet below:

HOUSEHOLD	
Rent/Mortgage	<u>\$350.00</u>
Property Insurance not included in mortgage	\$ _____
Property Taxes	\$ _____
Food (Do not include food stamps.)	<u>\$100.00</u>
Gas and Electric	\$ _____
Heating Fuel	\$ _____
Water	\$ _____
Garbage Removal	\$ _____
NON-HOUSEHOLD OPERATING EXPENSES	
Telephone	\$ _____
Cable	\$ _____
Security System	\$ _____
PERSONAL EXPENSES	
Recreation, Movies, Restaurants	<u>\$102.00</u>
Club Memberships	\$ _____
Charity Donations	\$ _____
Clothing	\$ _____
Haircuts, Manicures	\$ _____
Dental	\$ _____
Medical	\$ _____
INSTALLMENTS	\$ _____
Insurance Premiums	\$ _____
Credit Card Accounts	\$ _____
Consumable Expenses (gas, lunch, etc.)	\$ _____
Child Support, Alimony	\$ _____
Legal Fees	\$ _____
Auto Loans	\$ _____
Lay-Away Accounts	\$ _____
TOTAL EXPENSES:	<u>\$552.00</u>

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.

The amount of income I will have available for living expenses during my PASS/business startup is more than my living expenses.

(See the attached business plan 2003 - 2005 combination profit and loss, cash flow, and benefits analysis financial spread sheet attachments.

Part V – Funding for Work Goal

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

No

If “NO,” skip to B.

If “YES,” complete the following:

Item _____

Value _____

How will this help you reach your work goal? _____

Item _____

Value _____

How will this help you reach your work goal? _____

B. Have you saved any money to pay for the PASS expenses listed on in Part IV-C? *(Include cash on hand or money in a bank account.)*

Yes, I will be using \$400 from my personal savings to start my 1st month of business operations If “NO,” skip to C.

C. Do you receive or expect to receive income other than SSI payments?

Yes

If “NO,” skip to F.

If “YES,” provide details as follows:

Type of Income	Amount	Frequency (<i>Weekly, Monthly, Yearly</i>)
Net Earnings from Self Employment (NESE)	\$618 per Month	From June 2003 – December 2003
Net Earnings from Self Employment (NESE)	\$1,830 per Month	From January 2004 – December 2004

D. How much of the income listed above will you use each month to pay for the PASS expenses listed in Part IV-C? *Do not include your monthly living expenses.*

I will set aside \$267 per month from my NESE in 2003 for 7 months = \$1,866

I will set aside \$803 per month from my NESE in 2004 for 11 months = \$8,828

My total PASS NESE funds for 18 months will be: \$10,694

My total PASS expenses (from "Part IV Expenses" of this PASS = \$10,692

Facility Renovation "no interest" loan: \$3,900

Office Space Rent for 11 months: \$4,950

Telephone & Internet Installation: \$250

Phone & Internet Service for 12 months: \$792

Business Liability Insurance for 2 years: \$800

Total PASS Expenses: \$10,692

Total Additional SSI received During this PASS:

2003: 7 months x \$267: \$1,866

2004: 11 months x \$556: \$6,116

Total SSI increases due to PASS: \$7,982

E. Do you plan to save any or all of this money for a future purchase, which is necessary to complete your goal?

Yes If "NO," skip to F.

If "YES," explain how you will 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*):

My PASS funds will be deposited each month in my business checking. In XXXXXXXX PASS accounts are not excluded by Medicaid over \$900, but business accounts are excluded by Medicaid under Property Essential to Self Support policies.

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 items and services listed in Part IV-C or to provide any other items or services you will need?

Yes

If "YES," please provide details as follows:

Who will pay	Item/service	Amount	When will the item or service be purchased?
XXXXXXXXX VR	Business Startup (see "Remarks below for list of VR purchases")	\$18,804	May and June of 2003, with some items prepaid for 12 months
Family Loan	Remodeled Office Space, Heating, A/C, and Electric	\$3,900	May and June of 2003

Part VI - Remarks

Itemized list of business startup services and equipment from VR

<u>SERVICE/EQUIPMENT</u>	<u>COST</u>
LANIER 5635 DIGITAL COPY SYSTEM	\$8,630.00
TOTAL CARE SERVICE PLAN/COPY SYSTEM	\$1,839.40 (\$152.45 X 12 MONTHS)
REXEL SHREDDER	\$1,335.00
ANNUAL MAINTAINENCE AGREEMENT	\$189.00
DESK TOP FOLDER / INSERTER	\$4,588.60
ANNUAL MAINTAINENCE AGREEMENT	\$328.00
DELL DIMENSION 2350 COMPUTER/MONITOR	\$599.00
HP COLOR/BW PRINTER FOR COMPUTER	\$69.99
SUPPLY OF 5 INK CARTRIDES FOR PRINTER	\$125.00
10 CARTON WHITE PAPER	\$279.90
<u>MISC. OFFICE SUPPLIES FOR STARTING</u>	<u>\$100.00</u>
	\$18,083.89

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 the next review of my plan at which time I will provide them to SSA;
- Use the income or resources set aside under the plan only to buy the items or services approved by SSA.
- I understand that if I am receiving SSI only my completed Plan has the potential to result in a significant reduction in my SSI cash payments and if I am receiving SSDI/DAC my Plan has the potential to eliminate or replace my total cash benefits which ever is greater.

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 expenditure 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 XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

Telephone:

Home XXXXXXXXXXXXXXXXXX

Work XXXXXXXXXXXXXXXXXX

PRIVACY ACT STATEMENT

The Social Security Administration is allowed to collect the information on this form under section 1631(e) of the Social Security Act. We need this information to determine if we can approve your plan for achieving self-support. Giving us this information is voluntary. However, without it, we may not be able to approve your plan. Social Security will not use the information for any other purpose.

We would give out the facts on this form without your consent only in certain situations. For example, we give out this information if a Federal law requires us to or if your Congressional Representative or Senator needs the information to answer questions you ask them.

PAPERWORK REDUCTION ACT NOTICE AND TIME IT TAKES STATEMENT:

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 120 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

OUR RESPONSIBILITIES TO YOU

We received your plan for achieving self-support (PASS) on _____
Your plan will be processed by Social Security employees who are trained to work with PASS.

The PASS expert handling your case will work directly with you. He or she will look over the plan as soon as possible to see if there is a good chance that you can meet your work goal. The PASS expert will also make sure that the things you want to pay for are needed to achieve your work goal and are reasonably priced. If changes are needed, the PASS expert will discuss them with you.

YOUR REPORTING AND RECORD KEEPING RESPONSIBILITIES

If we approve your plan, you must tell Social Security about any changes to your plan. You must tell us if:

- Your medical condition improves.
- You are unable to follow your plan.
- You decide not to pursue your goal or decide to pursue a different goal.
- You decide that you do not need to pay for any of the expenses you listed in your plan.
- Someone else pays for any of your plan expenses.
- You use the income or resources we exclude for a purpose other than the expenses specified in your plan.
- There are any other changes to your plan.

You must tell us about any of these things within 10 days following the month in which it happens. If you do not report any of these things, we may stop your plan.

You should also tell us if you decide that you need to pay for other expenses not listed in your plan in order to reach your goal. We may be able to modify your plan or change the amount of income we exclude so you can pay for the additional expenses.

You must keep receipts or cancelled checks to show what expenses you paid for as part of the plan.

You need to keep these receipts or cancelled checks until we contact you to find out if you are still following your plan. When we contact you, we will ask to see the receipts or cancelled checks. If you are not following the plan, you may have to pay back some or all of the SSI you received.