

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 **Joseph Smith**

SSN: **555-55-5555**

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 kettle korn business "Poppin Joe's Kettle Korn"

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

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

___**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 stand, walk, sit, lift, stoop, bend, etc. I help set up and take down the mobile business on site. I assist popping. I screen, bag, seal bags, as well as stock raw material as needed.

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

This business is a good match for me. I am always busy. The multiple tasks are all structured and sequenced. Each task begins and ends. The work is all in a 10' x 10' defined area that "fits" me. I have the ability to change tasks, which increases my work time.

- 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? **\$797 /month NESE from my business**

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.

My family gave me work opportunities to prove I could work. I like the mobile kettle korn business as it meets my significant sensory needs. The multi-tasks keep my interest. I have stayed on the job 6 to 8 hours with two small breaks. I am in the community, but in my own space.

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.

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? Down Syndrome, severe mental retardation, ADHD, autistic disorder

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 duties are based on my strengths. I am always busy and I love it. Down time is very difficult. I am easily distracted. The routine operations in the producing of the corn is very repetitive. All operations, screening, bagging and replenishing supplies, meet sensory needs I have. I can move from task to task to task within the production as I need to which keeps me working longer. My family has trained me to do all parts of the production. I want to learn to sell. My communication device, the Dynamyte, is currently teaching me the sequence of speaking when selling. Speech therapist are working with me at this time. My mental retardation limits me for most employers as I learn visually. Words are difficult for me to understand unless I am familiar with what is being said. People stare and make fun of me. I have no way of responding except to be aggressive, which is not my nature. I make open sores on my shoulder and neck when I do not understand what people say and when they make fun of me. My own business gives me confidence in my ability to contribute in a meaningful way. Finding the right employees will be the key to my family fading out of this. I will be able to direct my energy in a positive way.

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

The duties I have are based on my strengths determined in the family trial work time. I love to be busy. The routine remains exactly the same. I have the repetitive task options of screening, bagging, sealing, and replenishing raw materials. I am using my Dynamyte, an augmentative device, to be understood. I will learn to ask questions. I will hire help to manage the production. I will hire professionals; to complete the other aspects of my business.

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	Horse Stable	06/2000	Current
Maintenance Staff	Swimming Pool	05/2000	To Date
Volunteer	Church	04/2001	2004
Volunteer	Kettle Korn Trial	04/2001	2002
Volunteer	Campfire	2003	Current
Volunteer	Elderly Neighbor	03/2004	Current
Maintenance	Goodwill	02/2005	02/2005

D. Check the highest grade of school completed

1 2 3 4 5 6 7 8 9 10 11 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 Some High School

Address 000 159th, Somewhere, US 77777

Dates attended: From 08/2000 To 05/2004

Type of program Separate classes for math, reading and speech. Modification and accommodations for all other classes.

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:

I completed high school last year and do not have an IEP now. My vocational rehabilitation counselor is supporting my work goal without a formal evaluation other than records such as my IEP from high school and any medical records I signed releases for VR to obtain.

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? I currently have an open IPE (individual plan of employment) with VR.

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.

Jane Smith, Vocational Rehabilitation

8888 Some Drive

Some City, US 77777

(555) 555-5555

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 July 2004 (month/year) and my Plan to end December 2005 (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 – market research and tested compatibility with business (family work trials)– experimented with product and various types of sales	June 2003	February 2005
Maintain sales at Quick Trip and Federal Building established during family work trials	February 2005	March 2005
Complete Business Plan with projections	February 2005	February 2005
Present Business Plan to Vocational Rehabilitation to request start up funds (\$3,900)	February 2005	February 2005
Write and submit PASS (retro-active 8 months – July 2004 to December 2005)	March 2005	March 2005
Write and submit Grant proposal to Some State Council on Developmental Disabilities for start-up funds (\$9,000)	March 2005	March 2005
Receive VR funds	March 2005	March 2005
Purchase Computer/printer, initial stocks & supplies, office supplies, insurance, and marketing materials	March 2005	March 2005
Receive PASS approval and retro-active payment	March 2005	March 2005
PASS paid COGS, Accounting/license/legal fees, Bank Fees, Internet Services, Phone, Repair/Maintenance for 1st 10 months	March 2005	December 2005

Step	Beginning Date	Completion Date
Achieve average NESE for 2005 of \$797 per month for 12 months with an owners draw of \$956 per month for 10 months	January 2005	December 2005
Receive Council on DD Grant funds	April 2005	April 2005
Purchase remaining start up equipment – stainless steel kettle & separator with DD Grant funds	April 2005	April 2005
Continue sales with Quick Trip and Federal Building and begin sales at festivals and events	April 2005	December 2005
Increase sales by securing a second blind enterprise site	July 2005	December 2005
PASS Completed, successful business startup, all PASS expenses paid, reduced reliance on SSI, and business cash flow stabilized	December 2005	December 2005
Eliminate monthly SSI cash benefits (after PASS is completed)	January 2006	July 2006
Move into 1619(b) Medicaid Status for continued SSI and Medicaid “eligibility” up to the Some State state 1619(b) Threshold of \$28,809	August 2006	Ongoing

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 – I am not using PASS funding to purchase computer equipment.

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 of Goods Sold**

Cost: **\$10,842**

Vendor/provider: **Various vendors**

How will this help you reach your work goal?

The amount of sales projected for my business is based on being able to have the items necessary to make the sales. My business is cyclical due to primarily being conducted outdoors and will increase dramatically during the warmer months. I will need to be able to purchase items such as popcorn, bags, sugar, oil, salt, labels, etc. to meet the demand of these warmer months, take advantage of the weather, and generate higher sales.

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

How did you determine the cost. **Based on the cost during the family work trial.**

Why wouldn't something less expensive meet your needs?

Various vendors have been used. The vendors selected can provide the product in a timely fashion and meets the quality necessary to generate the sales.

2. Item/service/training: **Operating Costs**

Cost: **\$1,444**

Vendor/provider: **Various Vendors**

How will this help you reach your work goal?

By paying some of the operating costs during the first year of business, I will be able to establish procedures and processes for accounting/licensing/legal issues, maintain a business account at the local bank, allow my customers to easily contact me via e-mail or phone, and maintain/repair the equipment necessary to operate my business.

How will you pay for this item (e.g., one-time payment, monthly payments)? Monthly payments
How did you determine the cost? Based on prevailing cost of locally available services and utilities.
Why wouldn't something less expensive meet your needs?

These costs will include:

Accounting/license/legal fees – assistance is needed in these areas to stay compliant with the Department of Health, County & City ordinances, IRS regulations, etc. I do not have the knowledge or ability to learn all these regulations. Services will be purchased as necessary to manage these areas.

Bank Fees – Various bank fees are associated with having a business account. A business account is necessary for correct accounting of the business.

Internet Services/Phone – In order to stay competitive in the market, I must be able to be reached easily by my customers. Without the ability to have my customers e-mail or phone me, I may miss opportunities for potential festivals and fairs.

Repair & Maintenance – My equipment must remain operational in order to produce sales. If I am not producing kettle korn, I am not making money. Therefore, regular maintenance and immediate repairs must be made as necessary.

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.)?

\$579/month (Please use the total from the breakdown sheet below.

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

HOUSEHOLD	
Rent/Mortgage	<u>\$379.00</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>\$20.00</u>
Club Memberships	\$ _____
Charity Donations	\$ _____
Clothing	\$ _____
Haircuts, Manicures	\$ _____
Dental	\$ _____
Medical	\$ _____
Miscellaneous	<u>\$80.00</u>
INSTALLMENTS	\$ _____
Insurance Premiums	\$ _____
Credit Card Accounts	\$ _____
Consumable Expenses (gas, lunch, etc.)	\$ _____
Child Support, Alimony	\$ _____
Legal Fees	\$ _____
Auto Loans	\$ _____
Lay-Away Accounts	\$ _____
TOTAL EXPENSES:	<u>\$579.00</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 2005 - 2007 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 \$100 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>)
SSDI	\$468	From July 2004 – December 2004
SSDI	\$479 per Month	From January 2005 – December 2005
Net Earnings from Self Employment (NESE)	\$797 per Month	From January 2005 – December 2005

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 retroactively set aside \$448 per month from my SSDI in 2004 for 6 months = \$2,688

I will retroactively set aside \$459 per month from my SSDI in 2005 for 2 months = \$ 918

I will set aside \$868 per month from my NESE and SSDI in 2005 for 10 months = \$8,680

My total PASS NESE funds for 18 months will be: \$12,286

My total PASS expenses (from "Part IV Expenses" of this PASS = \$12,286

Cost of Goods Sold (popcorn, bags, sugar, etc.)	\$10,842
Accounting/License/Legal Fees	\$ 284
Bank Fees	\$ 120
Internet Service for 10 months	\$ 480
Phone Service for 10 months	\$ 360
<u>Repair & Maintenance</u>	<u>\$ 200</u>
Total PASS Expenses:	\$12,286

Total Additional SSI received During this PASS:

2004: 6 months x \$468:	\$2,808
<u>2005: 12 months x \$479:</u>	<u>\$5,748</u>
Total SSI increases due to PASS:	\$8,556

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 account.

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?
Some State Council on Developmental Disabilities	Kettle & Separator	\$9,000	April and May of 2005
Vocational Rehabilitation	Business Startup (see "Remarks below for list of VR purchases")	\$3,950	March and May of 2005

Part VI – Remarks

SOME STATE GOVERNOR'S COUNCIL EXPENSES		
Stainless Steel Kettle & Separator	9,000	9,000
TOTAL GOVERNOR'S COUNCIL EXPENSES	9,000	9,000
SOME STATE REHABILITATION SERVICES (VR) EXPENSES		
Computer & Printer	800	800
Initial Stocks & Supplies	900	900
Office Supplies	500	500
Insurance	550	550
Marketing Expenses	1,200	1,200
TOTAL SOME STATE REHABILITATION SERVICES (VR) EXPENSES	3,950	3,950

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 **Joseph Smith**
5555 194th
Somewhere, US 77777

Telephone:

Home (555) 555-5555

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.