

Subsidy and Special Conditions Identification Tool

This questionnaire is a tool to help individuals, job coaches, employers and others to document if a Subsidy or a Special Condition is (was) in place for an employee. Indicating that an employee receives special consideration on the job will not reflect poorly on the individual or on the employer. The Social Security Administration (SSA) office will use this information to determine if employment supports and income disregards apply to this individual. Call 1-800-772-1213 or visit www.socialsecurity.gov to find the local SSA office.

Employee Name: _____ SSN: _____

Business Name: _____ Job Title: _____

Dates of Employment: _____

_____ Hourly Wage (X) _____ Hours per Week (X) **4.33** wk/mo = \$ _____ Total Monthly Income
(If the hours per week vary, use the greatest number of hours per week)

A. Indicate (X) which areas of employment support apply to the employee. Estimate the amount of time in hours per week. When only *monthly* amounts are known, divide by **4.33 to get the weekly amount. If the area of support could apply to multiple sections, include only once.**

___ Extra **time is allowed to complete work** due to the employee's impairment, which includes the extra time allowed due to use of **Modified or Special equipment**. For instance, someone with limited use of a hand may require an extra 2 hours per week for computer-related duties. **List the duties in which the employee works more slowly than a unimpaired worker:** (Use 2nd page if needed)

_____	Extra hours/week _____
_____	Extra hours/week _____
_____	Extra hours/week _____
_____	Extra hours/week _____

___ **Fewer or modified job duties are allowed.** For example, the employee does not answer phones, use the computer, or does only part of a particular job duty. **List the typical duties the employee does not have to perform and the amount of time it takes to do those additional duties:** (Use 2nd page if needed)

_____	hours/week _____
_____	hours/week _____
_____	hours/week _____

___ Extra **rest periods** are allowed. hours/week _____

___ Extra **supervision, quality checks, additional instruction, or other assistance** provided by coworkers or supervisors. hours/week _____

Explain: _____

___ **Job coaching** is provided by an **outside agency** which directly affects employee productivity. hours/week _____

Subsidy and Special Conditions Identification Tool (Continued)

___ Work is missed due to the use of **specialized transportation**. (This category may affect other areas of productivity. Include only once).

For example, the door-to-door van service is usually .5 hrs late to work each day, or picks up before the end of a shift. (*.5 hours per day X 5 days per week*) = 2.5 hrs/wk **hours/week** _____

___ The employee is **absent** more often than other employees. (This category may affect other areas of productivity. Include only once).

How many absences are acceptable each month? _____.

How many *extra* days per month (*not total days*) is the employee absent? _____.

(____ **Extra missed days**) x (____ **length of work shift**) / (4.33 weeks) = _____ **hours/week**.

___ (Other) _____
_____ **hours/week** _____

Total Hours Subsidy Per Week = _____.

(If no items are checked, indicate 0% Subsidy on line 3 of Section B.)

B. Determining the percentage of time the individual receives subsidy and special conditions:

1. _____ **TOTAL HOURS OF SUBSIDY AND SPECIAL CONDITIONS (Previous line)**
2. _____ *divided by* Total hours worked per week
3. _____ = **Percentage SUBSIDY AND SPECIAL CONDITIONS (Round to 2 places)**
4. 1.00 - (_____ amount from the previous line) = _____ % **The percentage of the employee's wage used to determine SSA's "Countable Earned Income."** (*1.00 - .12 = .88 or*

C. Estimate of Countable Earned Income for Determining SGA

5. (_____ % from #4 above) X (\$ _____ Gross monthly income) = _____ **Countable Earned Income**

Check one of the following: The Employee's Wage is/was:

___ **A) The same as others in similar positions.**

___ **B) Based on a time study. Please indicate the Prevailing Wage: _____ per hour.**

___ **C) Lower than others in similar positions but not time studied. What do other employees receive for similar work? _____ per hour.**

- If "B" or "C" is checked, please attach an additional sheet explaining how the wage was determined.

Signature: _____

Name (print): _____

Title/Company Name: _____

Date: _____ Phone: () _____