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| Texas Workforce Solutions logo. | **Texas Workforce Commission****Vocational Rehabilitation Services****Ticket to Work Partnership Plus****Employment Advancement Payment**   |
| General Instructions    |
| Refer to the Standards manual sections regarding Social Security Administration Vocational Rehabilitation (SSA/VR) Ticket to Work Partnership Plus—Employment Advancement Payments for additional details.   * Type or handwrite responses using black or blue ink.
* Complete all sections. Incomplete forms will not be accepted.
* **Payment Checklist:**
	+ Complete and sign VR1050;
	+ Attach one of the following to the form when submitting for payment as evidence of customer earnings:
		- copies of the customer’s pay stub,
		- employer-prepared and -signed earnings statement, or
		- records from a third-party source (for example, The Work Number—www.theworknumber.com) that present earnings broken down by month.
	+ Attach documentation that confirms the customer’s Ticket is currently assigned to the CRP-EN submitting payment; and
	+ Attach an invoice.
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| **Customer Information**   |
| Customer Name:       | Customer Number:       |
| **Employment Network Information**  |
| Employment Network Name:      | EIN Number (Tax ID Number):      |
| Primary Contact’s Name and Email Address:      | Primary Contact’s Phone Number:      |
| **Employment Advancement (EA) Payment Type**  |
| Job Placement | [ ]  Yes (If yes, answer row 2) | [ ]  No |
|  | Tier Level:   [ ]  1 [ ]  2 | EA Payment #: [ ]  1 [ ]  2 |
| Supported Employment | [ ]  Yes (If yes, answer row 2)  | [ ]  No |
|  | Tier Level:   [ ]  1 [ ]  2 | EA Payment #: [ ]  1 [ ]  2 |
| **Signature**   |
| Signature and Title of Employment Network Primary Contact:**X**       | Date:      |