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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. | | | | | | |
| **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: |