

# Career Support Payment Request Form

**Requests for CSP must be received within 60 days of being eligible for CSP.**

**2018 Amounts:**

**Trial Work Level (TWL) - \$850**

**Substantial Gainful Activity (SGA) - \$1,180 (non-blind)/\$1,970 (blind)**

Career Support Payments cannot be submitted until the 1st day of the month following payment eligibility.

**Pay Stubs and Receipts for Work Related Expenses Must Be Attached**

PURCHASE DATE MUST BE VISIBLE ON RECEIPTS/INVOICE      ORIGINALS RECEIPTS ARE NOT RETURNED

EXPENSES APPLIED TO MONTH IN WHICH THEY INCUR

Name: \_\_\_\_\_

Work Related Expenses for the Period of \_\_\_\_\_ through \_\_\_\_\_

Expense Code	Vendor / Paid to	Expenses Amount	Expense Codes
		\$ .	A Transportation
		\$ .	B Education/Training
		\$ .	C Medications
		\$ .	D Job Placement
		\$ .	E License/Certification
		\$ .	F Equipment
		\$ .	G Work Attire
		\$ .	H Adaptive Equipment
		\$ .	I Child Care
		\$ .	J Other

Only complete this section if you are seeking Fuel Reimbursement and have attached Gas Receipts.

<p><b>Employer</b> _____</p> <p><b>Actual Job Address</b> _____</p> <p>_____</p>	<p>Miles to work 1 way: _____ Days worked per week: _____</p> <p>Are you still receiving Social Security Benefits?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you reporting earnings to Social Security?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Pay stubs supporting evidence of gross monthly earnings over Trial Work Period or Substantial Gainful Activity must be attached. Year to Date totals are not accepted as proof of earnings.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail: Your Ticket Dollars**  
**720 Hopmeadow St, Suite 6**  
**Simsbury, CT 06070**

**Fax: 860-651-8710**

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_