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A Guide to Preparation of The Plan to Achieve Self-Support (PASS) Application Form (SSA-545-BK) for People Who Are Blind or Visually Impaired

A Plan to Achieve Self-Support (PASS) lets you use your income or other things you own to help you reach your work goals. To learn more about PASS, ask for our publication called “Working While Disabled – A Guide to Plans for Achieving Self-Support” (publication number 05-11017). That publication will tell you how to set up a plan. It explains that a plan must be in writing and that we must approve it. This guide is intended to help you write your plan and prepare for the questions on the PASS application form, SSA-545-BK.

If you need help writing your plan, your local Social Security office can either help you or refer you to a local organization. We will be better able to help you if you prepare answers to the following questions that you will need to complete on the PASS application form, SSA-545-BK.

Your Work Goal

1. What is your work goal? Provide as much information as possible on the type of work you plan to do.
2. Will your plan involve paying for job coaching? How many hours of job coaching will you need per week or month? After the plan is completed how many hours of job coaching will you need per week or month?
3. What duties and tasks do you expect to perform in this job?
4. How did you decide on this work goal and what makes this type of work attractive to you?
5. Is a license required to perform this work goal?
6. How much do you expect to earn each week/month (gross) after your plan is completed?
7. If your work goal involves self-employment, why will working for yourself make you more self-supporting than working for someone else?
8. If you plan to start your own business, you will need a business plan that must include:
 - the type of business; products or services to be offered by your business;
 - the advertising plan; a description of the market for the business;
 - technical assistance needed; tools, supplies, and equipment needed;
 - a profit-and-loss projection for the duration of the PASS and at least one year beyond its completion; and
 - a description of how you intend to make this business succeed.
9. Have you ever submitted a Plan to Achieve Self Support (PASS) to Social Security? If yes, when? What was your goal? Did you complete it?

10. Have you assigned your "Ticket to Work"? If yes, who was it assigned to?

Your Medical/Vocational/Educational Background

1. What are your disabling illnesses, injuries, or conditions?
2. What limitations do you have because of your disabilities?
3. In light of your limitations, how will you carry out the duties of your work goal?
4. What jobs have you had most often in the past few years? Include volunteer work, self employment, and Military Service.
5. What was the highest grade of school you completed?
6. Do you have a college or postgraduate degree? If yes, when did you graduate, what type of degree do you have, and what field of study?
7. Do you have any special job training, trade or vocation school? If yes, what type and when?
8. Did you receive a certificate or license? If yes, what kind and when?
9. Have you ever had or expect to have a vocational evaluation or an Individualized Written Rehabilitation Plan (IWRP) or an Individualized Plan for Employment (IPE)? If yes, when did you have it done or when do you expect to have it done and by whom?
10. If you already have a college degree or specialized training, and your plan includes additional education or training, why isn't the education/training you already received sufficient to allow you to be self-supporting?

Your Plan

1. When do you want your plan to begin? (When did you or when will you start working toward your work goal?)
2. When do you want your plan to end? (When do you expect to start working in your job goal?)
3. What are the specific, sequential steps you have taken or you will take to reach your work? (A timeline of your plan including the final steps to find a job once you have obtained the tools, education and services that you need.)

Your Plan Expenses

1. Do you propose to purchase or lease a vehicle?
 - If yes, why wouldn't less expensive forms of transportation (e.g., public transportation, cabs) allow you to reach your work goal?
 - What type of vehicle do you propose to purchase or lease? (If new, why wouldn't a used vehicle be sufficient to meet your needs?)
 - Do you currently have a valid driver's license? If no, who will drive the vehicle and how will it be used to help with your work goal?
 - Do you already own a vehicle? If yes, why do you need another vehicle to reach your work goal?

2. Do you propose to purchase a computer or other major equipment? What kind and what will it cost?
3. If you already own a computer, why do you need another computer to reach your work goal?
4. What other items, or services, or training will you need to buy or rent in order to reach your work goal? What are they, what will they cost, and who will provide the items or services? How will you pay for the items and how will they help you reach your work goal?

Living Expenses

1. What are your current living expenses each month? Include:
 - Rent, Mortgage, Property Taxes,
 - Property/Personal Insurance,
 - Utilities, Phone, Cable, Internet,
 - Food, Groceries,
 - Automobile Gas, Repair and Maintenance, Public Transportation,
 - Clothes, Personal Items, Laundry/Dry Cleaning,
 - Medical, Dental, Prescriptions,
 - Entertainment, Charity Contributions, etc.
2. Will you have enough income left to meet your monthly living expenses after the expenses you will need for this plan? If not, how you will pay for your living expenses?

Funding For Your Work Goal

1. Do you plan to use any items, equipment or property you already own to reach your work goal? What are they and how will they help you reach your work goal?
2. Have you saved any money to pay for the expenses you will need for this plan? If yes how much?

Your Income

1. What income are you receiving or do you expect to receive? How often do you receive or expect to receive the income? (Including Social Security benefits, wages, self-employment, assistance, royalties, pensions, dividends, prizes, insurance, support payments, etc.)
2. How much of this income will you set aside to pay for the expenses you will need for this plan?
3. Do you plan to save any of your income for a future purchase which is necessary to complete your goal? If yes, how will you keep the money separate?
4. Will any other person or organization (e.g., grants, assistance, or Vocational Rehabilitation agency) pay for or reimburse you for any part of the expenses you will

need for your plan or provide any other items or services you will need? If yes, who will pay, how much, for what, and when will the item or service be purchased?

Other Contacts

1. Will someone else help you prepare this plan? (If yes, give the name, address and telephone number of that person or organization)
2. Will they charge you a fee for this service? If yes, how much?