Social Security Administration

REQUEST FOR CERTIFICATION OF SGA FOR VOCATIONAL REHABILITATION REIMBURSEMENT

Date

TO	FROM
ODO, MOD DRS, PSC INT, PSC DO	Social Security Administration Office of Employment Support Programs VRA Operations Team P. O. Box 17714 Baltimore, MD 21235-7714

A VR agency has filed a claim for reimbursement of VR services that may have resulted in a VR continuous period of SGA. Please certify SGA per DI 13510.010 and/or 13510.025.

Name	SSN	VR Agency
VR Agency Reports Work Began (mo./yr.)	Employer	Technician Name Phone (*Include Area Code*)
Folder Location/Date	MBR/SSR ENT./ELIG. Status/Date	Technician / Phone Number

ODO, DRS, INTPSC, DO CERTIFICATION

I. CERTIFICATION OF VR CONTINUOUS PERIOD OF SGA

☐ **A. Completed a VR continuous period of SGA**

1. Type of period → ☐ SGA in 9 consec. mos. ☐ SGA in 9 of 10 mos. ☐ SGA in 9 of 12 mos.

2. **SGA months** (Show first 9 mo. (mo./yr.) of SGA after current ent./elig. began) →	__ __	__ __	__ __	__ __	__ __	__ __	__ __	__ __	__ __
3. **Earnings** (Show earnings to correspond to SGA months above.) →									

☐ **B. Did not complete a VR continuous period of SGA**

1. SGA months (mo./yr. through mo./yr.) after current ent./elig. began

2. Reason work reported by VR agency not SGA

3. Performed SGA in 9 of 12 months but did not meet because (*Explain*)

☐ **C. Cannot determine whether a VR continuous period of SGA was completed**

☐ 1. Individual no longer on disability rolls and a VR continuous period cannot be established or ruled out from claims file alone.

☐ 2. Folder not available, current location _____ since _____

☐ 3. Other reason: _____

☐ **D. Remarks:**

II. DISABILITY STATUS

	Basis for Cessation	MIE or MIP DIARY Set
☐ Disability Continuing ☐ Disability Ceased (Show last mo./yr. ent./elig.)	☐ Medical ☐ Other (Explain) _____	☐ Yes ☐ No

SIGNATURE REQUIRED ▶		Position

Office	Date	Phone No. (*Include Area Code*)	Return to: **SSA, OESP, OTOPS VRA Operations Team P.O. Box 17714 Baltimore, MD 21235-7714**

Form **SSA-289-U3** (12-2011)