

**VERMONT DIVISION OF VOCATIONAL REHABILITATION
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) WAIVER PROJECT
INFORMED CONSENT FORM**

Applicant's Name: _____

SSN: _____

I understand that the SSDI Waiver Project is a Social Security Administration (SSA) research study. SSA has contracted with the Vermont Division of Vocational Rehabilitation (DVR) to conduct and evaluate the Project in Vermont. The Vermont DVR is conducting the Project as a part of the Vermont Work Incentives Initiative within the Vermont DVR. I understand that the Project is a research study to test what would happen if the work rules for the SSDI program were changed. Specifically, the SSDI Waiver Project will test a benefit offset of \$1 for every \$2 of earnings above the Substantial Gainful Activity (SGA) threshold amount during the Extended Period of Eligibility (EPE). I understand that participation in this Project is completely voluntary.

Random Assignment to Intervention Group or Comparison Group

I understand that applicants for the SSDI Waiver Project will be randomly assigned to either the *intervention* group or the *comparison* group.

Comparison Group

I understand that if I am assigned to the comparison group, my benefits will be administered under the usual SSDI program rules. I understand that I will not be eligible for the benefit offset or other SSDI rule changes being tested in this Project. My participation in the Project will not affect my rights and responsibilities under the SSDI program. If I work, I will be responsible for reporting my work activity and earnings directly to SSA.

My initials here signify my understanding and consent. _____

Intervention Group

I understand that if I am assigned to the intervention group, I will be eligible for the following provisions of the SSDI Waiver:

- A 72-month Extended Period of Eligibility (EPE) following completion of my Trial Work Period.

- A suspension of the starting of Medical Continuing Disability Reviews (CDRs) through the end of my EPE. If a Medical CDR has been started at the time of enrollment, it will be completed.
- After completion of my trial work period and grace period, a \$1 reduction in my SSDI cash benefits for every \$2 of my earnings over the SGA threshold amount during my EPE. This is called a benefit offset. The benefit offset may begin no earlier than with the month after the month I enroll in the Project. The benefit offset is available even if I am participating in SSA's "Ticket to Work" program.
- No reduction in Social Security benefits to my dependents, if applicable, because of my performance of SGA while the benefit offset is in effect.

If I enroll in the Project and I am assigned to the intervention group, these SSDI rule changes will be available to me as long as I remain eligible for the SSDI Waiver Project and continue to be eligible for SSDI cash benefits. My continued eligibility for SSDI benefits may be affected by other changes in Social Security law. Except for these SSDI rule changes, my rights and responsibilities under the SSDI program will not be affected. All other provisions of the Social Security program will continue to apply to me and to my dependents, if applicable.

My initials here signify my understanding and consent. _____

Participation in Research

By signing this consent form, I agree to participate in a research Project and to give information about myself to the Project for purposes of this research. I also understand that by signing this consent form, I am authorizing the Project to have access to information about me. As a condition of, and for the duration of my participation in the SSDI Waiver Project *in either the intervention or comparison group*, I give my permission for the following information to be obtained by DVR and SSA from the date of my enrollment until **June 30, 2012**:

- identifying information, including my name, Social Security number, and date of birth
- the dates of my participation in the Project
- DVR administrative records
- Vermont State Unemployment Insurance wage records
- SSA administrative records
- Vermont Agency of Human Services administrative records
- self reported employment and earnings data

I understand that this information will be collected for the purposes of research and evaluation of the SSDI Waiver Project. I understand that the information DVR and SSA [Comment: See the preceding comment.] collects about me for this research study is confidential and will be protected under the Privacy Act. There are certain situations authorized by Federal law in which SSA may release the information I give through this Project. (For more information about this, see the Privacy Act Statement at the end of this form.)

My initials here signify my understanding and consent. _____

Reporting Work Activity and Earnings if I Am Assigned to the Intervention Group

I have a responsibility under the SSDI program to report my work activity and earnings to SSA. If I enroll in the Project and I am assigned to the intervention group, a DVR benefits counselor will coordinate the reporting of my work activity and earnings to SSA. I understand that I will be required to provide estimates of my earnings periodically and to report my employment status and actual earnings to the benefits counselor on at least a quarterly basis, or more frequently if my employment or earnings change. I will provide these estimates and reports to SSA through the benefits counselor during my participation in the Project.

I understand that DVR will be reporting this information to SSA and that SSA may use this information to make adjustments to my SSDI benefit and to determine my continued eligibility. I also understand that if I underestimate my expected earnings or fail to provide timely reports of my actual earnings or changes in my earnings or employment to DVR, I may put myself at risk of going into overpayment status with SSA. In this circumstance, I understand that I may have to pay back to SSA any overpayment in SSDI benefits.

My initials here signify my understanding and consent. _____

Reporting Change of Residence If I am Assigned to the Intervention Group

I understand that if I enroll in the Project and I am assigned to the intervention group, I will be required to report any change of my residence to the DVR benefits counselor during my participation in the Project.

My initials here signify my understanding and consent. _____

Conditions for Participation in the Intervention Group

I understand that if I enroll in the Project and I am assigned to the intervention group, I must meet the following conditions to maintain my continued eligibility for the Project:

- I must maintain my primary residence in Vermont. If I move my primary residence to another state, my eligibility for the Project will be suspended. I will be subject to the usual SSDI program rules during the period my eligibility for the Project is suspended. If I reestablish my primary residence in Vermont at a later date, I must contact the Vermont DVR to reinstate my eligibility for the Project, if I continue to meet all eligibility criteria.

If I have remaining SSDI Trial Work Months, I must use up those months within twenty-four (24) months of enrolling in the SSDI Waiver Project. If I do not use my remaining Trial Work Months within the twenty-four (24) month time frame, I will no longer be eligible for the SSDI Waiver Project. I will be subject to the usual SSDI program rules beginning with the first day of the month following the month in which my eligibility for the Project ends.

My initials here signify my understanding and consent. _____

Withdrawal from Project

I understand that my participation in the SSDI Waiver Project is completely voluntary. I know that I do not have to take part in this Project, and that I may drop out whenever I choose. I understand that if I enroll in the Project, I may withdraw from the Project at any time by completing a withdrawal form. I can get the withdrawal form from my DVR benefits counselor. I understand that any withdrawal will not affect information already released. I understand that if I am assigned to the intervention group and I withdraw from the Project, my enrollment in the Project will end, and I will be subject to the usual SSDI program rules, beginning with the first day of the month following the month I sign the form to withdraw.

My initials here signify my understanding and consent. _____

