

Name: _____

Date: _____

Ticket to Work & WIPA

N W Q X B E N E F I C I A R Y V A Y V S D E W Q
F A Z L F P Y P C E M U B Z V D G H E S S T B Y
Q C I I O R O W F D E E E P V E Q P B D S T Y I
S F C I F N O E X Y D B P K T C T R A I A U H S
I A M R W F I C T O I D C M W J N E B B G T S S
V R N T P W S G J W C E J W C A S A R T S M N P
C D R N Q N T G K H A U Z H I S F I W A J S O O
C T G Q W J W M M Z I G E A I C N R W U N M I T
W E K Y R W M P F A D W F A X B U T A P T C T I
E R I N T V G R A D U A L R E D U C T I O N A M
W A H T D B S E C R O F K R O W T W P P Z Q L Q
B S G Y T I C K E T I N T H E M A I L Y X V A X
S E V I T N E C N I K R O W Q C P O E K X M C C
K N O G J S N O I T A C I L B U P D N O B Q S L
T I M E L Y P R O G R E S S R E V I E W T K E I
I K E C N E D N E P E D N I L A I C N A N I F P
R A N I M E S S E V I T N E C N I K R O W V K E
Z Z S W K D N A M E D N O T E K C I T I V A F L
P Q E E Y A P E V I T A T N E S E R P E R X D W
J O Y V Z R E N A O S H H D L W J Q P E E W W X
W F D Y K R O W T E N T N E M Y O L P M E X E G
S E C I V R E S T R O P P U S T N E M Y O L P M
M A R G O R P E C N A T S I S S A T N E I L C P
R V N B R C D K W I P A T E R A C I D E M H H J

EMPLOYMENT SUPPORT SERVICES
FINANCIAL INDEPENDENCE
GRADUAL REDUCTION
ESCALATIONS
MEDICAID
PABSS
SSDI
CWIC
BWE
SSA
TTW

CLIENT ASSISTANCE PROGRAM
REPRESENTATIVE PAYEE
TICKET ON DEMAND
BENEFICIARY
VETERAN
DHHS
EPMC
IPE
SVR
SGA

WORK INCENTIVES SEMINAR
EMPLOYMENT NETWORK
WORK INCENTIVES
WORKFORCE
TWWIIA
IRWE
WIPA
IWP
SSI
POD

TIMELY PROGRESS REVIEW
TICKET IN THE MAIL
PUBLICATIONS
MEDICARE
ITOPSS
FICA
BOND
AJC
CDR
TWP