

FROM

TO

Month

Year

Month

Year

BenePLAN

making work possible

Benefits Planning Calendar

A Tool for People Who Are Working and Receiving Disability Benefits from Social Security

How to Use this Calendar

Who: This is a calendar for people who receive Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) disability benefits and are working.

What: It is a tool to help you keep track of when you worked, how much you earned, expenses that you can deduct, when you reported your work to Social Security, and other important information working people on SSI and SSDI need to keep track of. It is also a place for you to keep your important papers from your jobs and from Social Security.

When: It is best to use this calendar as part of your work with a benefits specialist. A benefits specialist is a trained person who can help you understand the SSI and SSDI work rules and talk with you about how work will affect your SSI, SSDI, welfare benefits, and government assisted housing. Your benefits specialist will show you how to use this calendar and help you get started with it.

This calendar does not take the place of reporting your earnings to Social Security.

Guarding Against Fraud

Be careful with your Social Security number

Identity theft is one of the fastest growing crimes in America. A dishonest person who has your Social Security number can use it to get other personal information about you. Someone illegally using your Social Security number and assuming your identity can cause you a lot of problems.

- ✓ Keep your Social Security card and other documents that show your Social Security number in a safe place. Do not carry them around with you unless you need them.
- ✓ To be safe, you should only keep copies of important information in this calendar and put your originals in a safe place. Black out or cut out your Social Security number on the copies.

What if an identity thief is creating credit problems for you?

If someone has misused your Social Security number to create credit or other problems for you, Social Security cannot solve these problems. Instead, you need to contact the Federal Trade Commission for help.

Federal Trade Commission

Telephone: 877-IDTHEFT (877) 438-4338

TTY: (866) 653-4261

Internet: www.ftc.gov/bcp/edu/microsites/idtheft

This calendar belongs to _____
Name

If found, please contact me at _____
Phone number or Email

Important People and Phone Numbers

Social Security Office Phone: _____

Benefit Specialist: _____

Phone: _____

Vocational Counselor: _____

Phone: _____

Representative Payee (if I have one):

Phone: _____

Other: _____

Social Security benefits:

SSI \$ _____ /month

SSDI \$ _____ /month

Other benefits I receive

TAFDC \$ _____ /month

Food Stamps \$ _____ /month

Public Housing

Section 8 Voucher MRVP AHVP

Government Subsidized Apartment

Other: _____

For SSDI recipients only

Have I used up my 9-month Trial Work Period?

Yes No I don't know*

If so, when was the 9th month?

If not, what trial work months have I used?

Am I in my Extended Period of Eligibility (EPE)?

Yes No I don't know*

When does/did my EPE end?

My Notes:

***To find this information contact your local Social Security Office and ask to speak with the Work Incentive Liaison, or call (800) 772-1213. Request your benefits planning query (BPQY SSA-2459), which contains your current benefit status and history of work earnings.**

Places to Get Information and Help

Project IMPACT

(800) 734-7475
Voice/TTY (800) 245-6543
www.mass.gov/mrc

BenePLAN

(877) 937-9675
www.beneplan.org

Disability Law Center

(800) 872-9992
TTY (800) 381-0577
www.dlc-ma.org

Social Security

(800) 772-1213
TTY (800) 325-0778
www.socialsecurity.gov

Maximus/Ticket to Work

(866) 968-7842
TTY (866) 833-2967
www.yourtickettowork.com

Department of Transitional Assistance

(800) 445-6604
TTY (888) 448-7695
www.mass.gov/dta

MassHealth

Current Members
(800) 841-2900
TTY (800) 497-4648

To Apply

(888) 665-9993
TTY (888) 665-9997
www.mass.gov/masshealth

Medicare Advocacy Project

(800) 323-3205
TTY (617) 371-1228
www.gbls.org

Health Care For All Helpline

(800) 272-4232
TTY (617) 350-0974
www.hcfama.org

Massachusetts Office on Disability

Voice/TTY (800) 322-2020
www.mass.gov/mod

Attorney General's Office Fair Labor and Business Practices Division Hotline

(617) 727-3465
TTY (617) 727-4765
www.ago.state.ma.us

Community Action Programs

(617) 357-6086
www.masscap.org

Massachusetts Legal Services

www.masslegalhelp.org
**Independent
Living Centers**
(866) 662-7452
Voice/TTY (508) 620-7452
www.masilc.org

One-Stop Career Centers

(617) 626-6800
www.mass.gov/careercenters

Massachusetts Rehabilitation Commission

Voice/TTY (800) 245-6543
www.mass.gov/mrc

Massachusetts Commission for the Blind

(800) 392-6450
TTY (800) 392-6556
www.mass.gov/mcb

Massachusetts Commission for the Deaf and Hard of Hearing

(800) 882-1155
TTY (800) 530-7570
www.mass.gov/mcdhh

Department of Mental Health

(800) 221-0053
TTY (617) 727-9842
www.mass.gov/dmh

Department of Development Services

(617) 727-5608
TTY: (617) 624-7783
www.mass.gov/dd

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year**

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year**

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year**

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year**

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year**

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.

Information for _____

_____ **Month** _____ **Year** _____

My benefits this month: SSI \$ _____ /SSDI \$ _____

My Employer(s): _____

How often do I get paid: every week every 2 weeks
 twice a month once a month

Paychecks I got this month:

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Pay Period: _____ Date Paid: _____ Amount (gross): _____

Total Gross Income this month: _____

Total hours I worked this month: _____

Work expenses: Did I pay for any items or services related to my disability that I needed to be able to work? Yes No

Total disability related expenses: _____
Keep receipts for these items in the folder for this month.

Things I need to know if I receive SSDI:

Was my work done under special conditions Yes No
(for example, did I need extra breaks or extra supervision?)

Is this month part of my Trial Work Period? Yes No

If so, how many Trial Work Months have I used?

Is this month part of my Extended Period of Eligibility? Yes No

If so, when does my EPE end?

Your benefit specialist will help you get this information.

Use this envelope for THIS MONTH'S Records.



BenePLAN

making work possible

Affiliated Organizations



Project IMPACT
Massachusetts Rehabilitation Commission

Voice/TTY (800) 245-6543
www.mass.gov/mrc



Disability Law Center

(800) 872-9992
TTY (800) 381-0577
www.dlc-ma.org

WorkWithoutLimits

Putting abilities to work in Massachusetts.

BenePLAN is a program of Work Without Limits a statewide network of engaged employers and innovative, collaborative partners that aims to increase employment among individuals with disabilities.