

## TICKET TO WORK HEALTH ASSURANCE (TWHA) PROGRAM

Following are the general eligibility requirements an individual must meet to qualify for benefits under the Ticket to Work Health Assurance (TWHA) Program.

- ϕ An individual must be permanently and totally disabled.
- ϕ An individual must be age 16 through age 64.
- ϕ An individual must be employed.
- ϕ An individual must be a US citizen or an eligible qualified immigrant.
- ϕ An individual must be a resident of Missouri and intend to remain in Missouri.
- ϕ An individual must provide their Social Security Number or apply for one.
- ϕ An individual may not have "available resources" in excess of \$999.99. A couple may not have available resources in excess of \$2,000.00. Resources include (but are not limited to) bank accounts, stocks, bonds, certificates of deposit, cash, cash surrender value of life insurance or prepaid burial, and certain real or personal property not in use.

ϕ The following assets are not included in available resources:

The home in which you live.  
One vehicle used by the household. Additional vehicles may be excluded depending on use.  
Certain Independent Living Accounts and Medical Savings Accounts funded with your earnings while participating in this program.

- ϕ Gross income must not exceed \$2,553.00 per month for a single individual and \$3,423.00 for a couple. This amount will be updated each April. Your children's income will not be included.
- ϕ Net income must not exceed \$724.00 for a single individual and \$970.00 for a couple. This amount will be updated each April. Your children's income is not included. To determine net income the following is disregarded:
  - All earned income of the employed person with a disability.
  - The first \$65 and one half of the remaining earned income of a non-disabled spouse's earned income.
  - A twenty dollar standard exemption.
  - Health insurance premiums.
  - A seventy five dollar a month standard deduction for the employed person with a disability's optical and dental insurance premiums.

If the optical and dental premiums exceed \$75 the actual amount is allowed as a deduction.

- All SSI income.
- The first \$50 of the employed person with a disability's SSDI payment. And
- A standard deduction equal to ½ of employed person with a disability's earned income for impairment-related work expenses.

- ϕ Single persons with gross income between \$851.00 and \$2,553 per month must pay a premium to obtain coverage. Married persons with gross income between \$1141 \$3423 per month must pay a premium to obtain coverage. The amount of the premium varies from \$34 to \$171 per month depending on the amount of your income. The income range and premium amounts will be updated each April.

### WHERE DO I REQUEST TICKET TO WORK HEALTH ASSURANCE (TWHA) PROGRAM?

You can apply for this assistance with the local Family Support office in the county in which you reside.

**WHAT YOU SHOULD KNOW ABOUT**

## **Ticket to Work**

## **Health Assurance**

## **(TWA) Program**

## **DISCRIMINATION**

The Missouri Department of Social Services is committed to the principles of equal access to services. Applicants for or recipients of services from DSS who believe they have been denied a service or benefit because of race, color, national origin, sex, age, disability, or religion may file a complaint by writing to the Missouri Department of Social Services, Office for Civil Rights, P.O. Box 1527, Jefferson City, Mo 65102 or the US Department of Health and Human Services, Office for Civil Rights, 601 East 12<sup>th</sup> Street Rm 248, Kansas City, Mo 64106.

Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102

"AN EQUAL OPPORTUNITY /  
AFFIRMATIVE ACTION  
EMPLOYER"  
services provided on a  
nondiscriminatory basis.

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## **HEARING RIGHTS**

If you disagree with the decision concerning your eligibility, you may request a fair hearing within 90 days of the date of decision. If you request a hearing, you may present your information yourself or may ask anyone else to assist you. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the Family Support Division.

## **REPORTING RESPONSIBILITY**

You must report any changes in circumstances within 10 days of when they happen, no matter what causes the change. You have a continuing obligation to report and cannot wait until you are contacted. Any information provided is subject to verification by Federal, State and Local officials. You may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information.