

Communication Policy | Social Security to Work (SSW)

Participant Acknowledgement

Communication Policy version: 03-24-2024

Please indicate agreement with this policy by placing an X or checkmark in the boxes for all five statements below.

- I have read the Communication Policy.
- I have asked and received answers to any questions I have about the policy.
- I agree to abide by the policy, and I understand the consequences of failing to abide by it.
- I know the options for emergency assistance.
- I understand I may call Your Amazing Journey, LLC at any time, whether for vocational or personal reasons.

Participant Name: _____

Participant Signature: _____

Date: _____

Please return this page only, to Your Amazing Journey, LLC by postal mail, by fax, or ask to upload it by a HIPAA-compliant file-sharing option.

Sending this form by email or text messaging after it is signed and dated is strictly prohibited.

Postal Address	Fax
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