

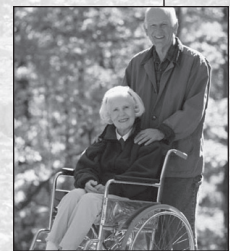
Stepping Stones to Recovery

A Training Curriculum for Case Managers Assisting Adults
Who Are Homeless, with Social Security Disability
and Supplemental Security Income Applications

Yvonne Perret and Deborah Dennis

PARTICIPANT GUIDE

Second Edition



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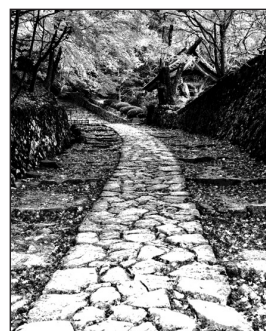
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INTRODUCTION



The *Stepping Stones to Recovery* curriculum is designed for case managers who assist persons who are homeless through the application and disability determination process for Social Security Administration (SSA) disability benefits. Two SSA disability programs — Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) — are discussed in this curriculum.

The path to recovery can be extraordinarily challenging for a person who is constantly struggling to meet his or her basic needs for food, shelter, and health care. Anyone who provides services to people who are homeless is intimately aware of their many difficulties. Access to SSI and/or SSDI can assist an individual with serious mental illness who is homeless in taking the first steps on his or her journey to recovery. This income and, in most States, automatic eligibility for Medicaid enable a person who is homeless to access the needed services and support to return to — or begin — education and employment. By facilitating the SSI/SSDI application and disability determination process, case managers, along with other clinicians, can provide enormous assistance ensuring that basic needs are met.

Many case managers find the processes for SSI and SSDI application and disability determination difficult to navigate. Many misunderstand that the process goes far beyond simply completing forms. This curriculum helps to clarify the importance of understanding the applicant's history, current symptoms and illnesses, and the impact of these on the person's life. This understanding is vital, contributing to comprehensive applications and better overall service provision.

Consider for a moment the difficulties in the lives of people who are homeless and the requirements that SSA must meet to find an individual eligible.

- SSA tends to communicate with applicants by mail; while a mailing address is not a requirement for applicants, having one certainly facilitates communication. People who are homeless often do not have a permanent, reliable mailing address.
- To be most effective, SSA requires medical and functional information that presents a comprehensive understanding of the applicant's current and past medical difficulties and the effect of these difficulties on his or her life. People who are homeless often have very sporadic and/or incomplete medical care. They may move often, maintaining irregular contact, if any, with case managers who help connect them to care.

In addition, people with serious mental illness who are homeless frequently have cognitive difficulties that impede the ability to provide information. The person may not remember having medical problems, may lack the ability or information to communicate clearly about them, or (as in the case of mental illness), may deny the presence of any illness.

Overcoming these challenges requires a collaborative effort of staff of case management programs, the Social Security Administration, and the State Disability Determination Services (DDS). Through collaboration and understanding, effective service can be provided and applications can be processed smoothly and more accurately. Time spent ensuring the completeness of initial applications will likely mean less time spent on appeals. More accurate decisions will also enable the provision of additional resources such as housing, medical care, and other supportive services.

As an agency committed to serving individuals who are homeless and who have serious and persistent mental illness, the Substance Abuse and Mental Health Services Administration (SAMHSA), through its Projects for Assistance in Transition from Homelessness (PATH) program, recognizes that submitting accurate and comprehensive applications for SSI/SSDI can greatly assist individuals in their quest to lead productive and stable lives. This curriculum is an outgrowth of the recognition — on the part of SAMHSA, the authors, and many field staff, who every day experience the struggles of persons who are homeless and who have mental illness and co-occurring disorders — that the first step in achieving collaboration is to foster an understanding of disability programs.

The *Stepping Stones to Recovery* curriculum is intended to provide an in-depth, step-by-step explanation of the application and disability determination process. A companion manual provides a narrative overview of the requirements for the application and appeals processes involved with each benefit program. Together, the curriculum and companion manual create a complete picture of the SSI and SSDI disability benefit programs.

While the companion manual provides a narrative overview of the requirements of SSA disability programs, the curriculum is designed to offer modular instruction on each of the requirements. The modules can be used individually or as part of a continuous training process that takes participants from the initial meeting with a potential applicant to the steps a beneficiary can take once he or she is receiving benefits. This modular approach allows trainers and participants to focus on the areas that are the most unfamiliar without rehashing information they know. Exercises and worksheets provide practical application tools and practice in the training, which participants can then take directly into everyday work situations. Samples are provided for release of information, reports, letters, and assessment forms. Also included are SSA forms with explanations and other sample materials. A video offers a role-played assessment interview.

It is important to note that the *Participant Guide* is not a stand-alone document. It is to be used by participants in a training setting led by an experienced trainer who is using a *Trainer Guide* that contains supplementary information to guide participants. The techniques and information contained in the modules generally apply to all types of disabilities — both primary and behavioral health-related. However, much of the information and many of the examples emphasize mental health or co-occurring disorders because these frequently are a cause of disability among persons who are homeless and they are often the most difficult disabilities to document for purposes of disability determination.

The Modules

Opening: Setting the Stage

This module opens the program and sets the stage for the unfolding of the content.

Module I – The Disability Programs of the Social Security Administration

Module I presents an overview of the two SSA disability programs discussed in the curriculum, focusing primarily on the basic differences and similarities. It introduces some of the terms used by SSA.

Module II – Engaging the Applicant

Module II focuses on the importance of engaging the applicant in order to expedite SSI/SSDI benefits. It introduces several strategies for creating a comfortable environment for individuals revealing private details of their lives and interviewing techniques to gain the necessary information. This module introduces potential roles for case managers in the SSI/SSDI application process.

Module III – The Application Process: Non-Medical

Module III presents an overview of the entire application process and then focuses on the gathering of non-medical information. Special attention is given to critical sections of the SSI application: living arrangement, income, resources, immigration, and legal status. The advantages and disadvantages of different methods for submitting the application (in person, by phone, on-line) are also discussed.

Module IV – The Application Process: Medical Evidence

Module IV focuses on the importance of the medical evidence in the disability determination process. It details the kinds of medical information necessary, strategies for gathering it, and the importance of complete information for an SSI/SSDI application, and especially for completion of the *SSA-3368 Disability Report*.

Module V – Eligibility Criteria and the Sequential Evaluation

Module V presents the process used by the Disability Determination Service, called a sequential evaluation, and the criteria for determining an applicant's eligibility.

Module VI – Medical Information on Mental Illness

Module VI familiarizes participants with *Disability Evaluation Under Social Security*, the document that summarizes the SSA guidelines used by DDS to evaluate impairment that results from illness. In addition to presenting these guidelines, also referred to as the “Blue Book” or “Listing,” this module provides tips for working with individuals diagnosed with specific disorders, and possible clues in gathering information such as commonly used medications and types of mental health treatment and support services.

Module VII – Co-Occurring Disorders: Mental Illness and Substance Use Disorders

Module VII discusses the challenges of evaluating and documenting co-occurring mental illness and substance use disorders. The legal changes that govern this evaluation are explained.

Module VIII – Collecting the Medical Evidence: The Usual Process

Module VIII presents the typical process for collecting medical evidence and examines why this process does not work well for people who are homeless. Consultative exams are also discussed in this module.

Module IX – The New and Improved Process

Module IX builds on Module VIII to create a practical guide for collecting and submitting the medical evidence to the DDS in a more efficient, complete, and effective manner.

Module X – Interviewing and Assessing

Module X expands the discussion about engaging and interviewing begun in Module II, focusing on the importance of understanding fully how each person's history, personal issues faced, and current situation impact his or her day-to-day life. This module focuses on the ongoing and investigative nature of interviewing and assessment in the application process.

Module XI – Functional Information: The Often Missing Link

Module XI introduces the four areas of functional information used by SSA and DDS in reviewing and evaluating an applicant's eligibility. It examines the critical link that case managers must establish between these functional areas and an applicant's medical problems.

Module XII – Writing Functional Responses

Module XII builds upon the previous module and focuses on how to write functional descriptions pertaining to each area of functional impairment. These functional descriptions are used as part of the Medical Summary Report discussed in Module XIII.

Module XIII – The Full Picture: The Medical Summary Report

Module XIII is the culmination of the information presented in previous modules. Participants learn to take the personal, medical, and functional information about an applicant and create a comprehensive medical summary report for submission to the DDS.

Module XIV – Supplemental Medicaid Programs: QMB, SMLB, and QI-1

Module XIV discusses some of the Medicaid programs that are designed to supplement Medicare beneficiaries, mainly Qualified Medicare Beneficiaries (QMB), Specified Low-Income Beneficiaries (SLMB), and Qualifying Individuals (QI-1).

Module XV – SSI and SSDI Work Incentives: A Brief Overview

Module XV presents an overview of work incentive programs available to recipients of SSI and SSDI so that a case manager can help guide him or her through those next steps of employment and more successful community living.

Module XVI – Starting a Community SSI/SSDI Initiative

Module XVI presents information and strategies for a case manager to gather agency support for helping people who are homeless and who have mental illness with SSA disability applications. It also focuses on strategies to begin a systems-level change ultimately necessary to provide the most effective service. Key players, the importance of this effort for all stakeholders, opportunities for collaboration, and steps to implement agency- and systems-level changes are discussed.

Closing

The closing module summarizes the curriculum and provides an opportunity for individuals to consider next steps.

The Appendices

- **Additional SSA Disability Application Forms** — these are forms used in the application process
 - **Sample Medical Summary Reports**— samples of completed reports
-

- **Video Simulated Interview** — a role play of an assessment interview
- **Glossary** — clear explanation of psychiatric terms and those used by SSA
- **For More Information** — a bibliography of additional print and electronic resources

The individuals who have authored and developed these training materials believe that working on SSI/SSDI can be rewarding, successful, and extremely satisfying. Once the process of acquiring disability benefits is understood, it becomes a foundation for so many other successes: receiving health care, finding housing, returning to school or work. Helping someone move forward in his or her recovery process enriches the lives of people receiving services and of those providing them.

OPENING

Setting the Stage



Introduction

In this module, the topic is introduced, the purpose and focus of the training is established, and logistics are clarified.

Module Topics

- Welcome
- Introductions
- Introduction to the Program
- The Reason for the Work We Do
- Expectations and Program Agenda
- Pre-Test

Welcome!

Stepping Stones to Recovery

A Training Curriculum for Case Managers Assisting Adults
Who Are Homeless with Social Security Disability
and Supplemental Security Income Applications



Welcome

Program Introduction

This program focuses on using SSI/SSDI benefits as a tool in recovery. The hope is that many people will achieve sufficient recovery and will be able to return to work. The curriculum not only describes current processes, but also advocates that case managers take a much more active role to effect processes that work better for people who are homeless. It encourages case managers to be more proactive from the outset.

The modules build from gathering information to summarizing all the information in a medical summary report.

Your State or community may already be involved in plans for systems change and collaboration regarding SSI/SSDI. If not, Module XVI will provide suggestions for *Starting a Community SSI/SSDI Initiative*.



Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Acknowledgments

- This program is a U.S. Department of Health and Human Services effort within the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Federal interagency SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative
- This program was developed by Policy Research Associates, Inc., under contract to SAMHSA

Introductions

- Training Team
- Program Participants: Please tell us
 - Your name
 - Work location and role
 - One sentence on your experience with the SSI/SSDI application process

Introductions

The Challenge

- Path to recovery is extraordinarily challenging when basic needs are unmet
- SSI/SSDI application and disability determination process can seem complex
- Disconnect between the experience of homelessness and the disability application process

The Challenge

- There is an inherent “disconnect” between the experience of homelessness and the disability application process
- The application process does not take into account the complexities of life for people who are homeless

Challenge...Process Disconnect

- SSA communicates mainly by mail
- Mental illness poses problems for follow-through
- Time limits apply
- People are lost to the process
- Information is often very incomplete

Challenges of Homelessness and the SSA Process

We Know What Is Possible...

- Approval rates of 60-95% on **initial application** for homeless applicants
- In an average of 87 days

This Approach Works

- These data were collected in April 2007 from States participating in SOAR
- Outcome updates are posted on the SOAR web site, www.prainc.com/soar

A Different Approach

- SSI/SSDI – a tool in recovery
- Meeting basic needs – income, housing, and other services
- Case managers – agents of hope
- Values – choice and respect
- Active role in SSI/SSDI leads to more effective decisions and outcomes

A Different Approach

Strategies and Objectives

- Collaboration
- Infrastructure building
- Communication
- Coordination
- Case manager as central
- That is... provide the

Stepping Stones to Recovery

Strategies and Objectives

- Collaboration with SSA, DDS, and community partners
- Infrastructure building
- Communication
- Coordination
- Case managers as central

Outcomes

- Recovery
- Expedited access to benefits for all who are eligible
- Encouragement of employment
- Time spent more effectively

Outcomes

Stepping Stones to Recovery

- Offers enhanced and expedited process
- Provides SSA with comprehensive information
- Builds in step-by-step fashion
- Helps case managers create a clear picture of the person's life
- Culminates in medical summary report
- Based on practical community program experience
- IT WORKS!

The *Stepping Stones to Recovery* Curriculum

Program Goal

This training program strives to:

- Increase the number of successful applications for SSI and SSDI for eligible people who are homeless
- Facilitate their recovery
- Enable them to become successful, contributing members of their communities

Note

See the Introduction for a summary of information about the *Stepping Stones to Recovery* program.

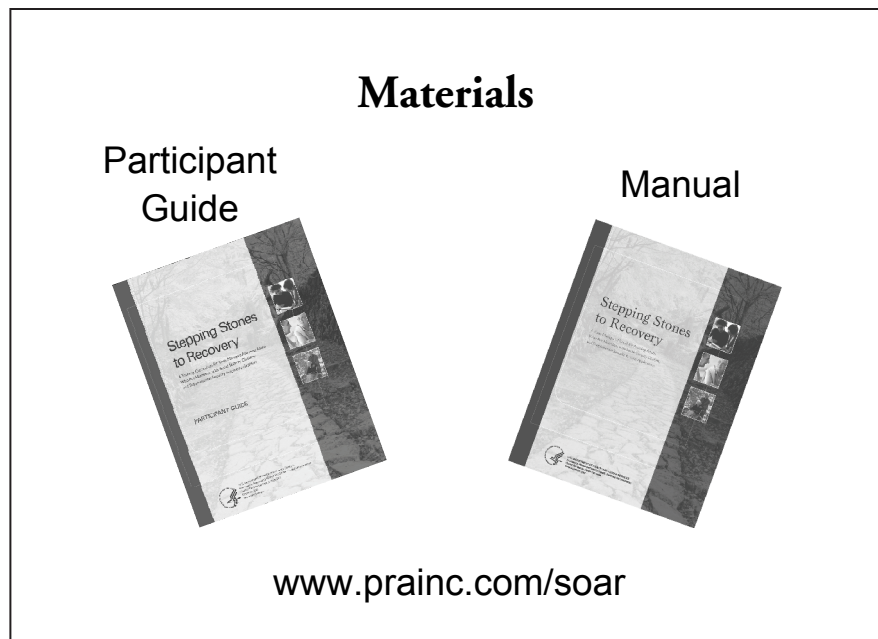
Program Goal

The Reason for the Work We Do

- This program is first and foremost about ***people***
- Video

Introduction

Throughout the training we will be incorporating a video made specifically to illustrate many of the learning points in the program. In this first segment, the author of this curriculum, Yvonne Perret, sets the stage by talking about the impact of successful benefit applications on real people. She clarifies that this program is not only about the rules and regulations for obtaining benefits, but also about the people whose lives may improve dramatically as a result of obtaining benefits.



Stepping Stones to Recovery Materials

- Be sure to open the binder now!
- These materials are for your use
- Feel free to take notes and mark them as necessary
- Be sure to use the *Stepping Stones to Recovery* companion manual for additional information
- Follow the slide presentation in the *Participant Guide*
- Many modules also have worksheets, handouts, and Social Security Administration forms
- Be sure to use the SOAR Web site for additional information

Training Methods

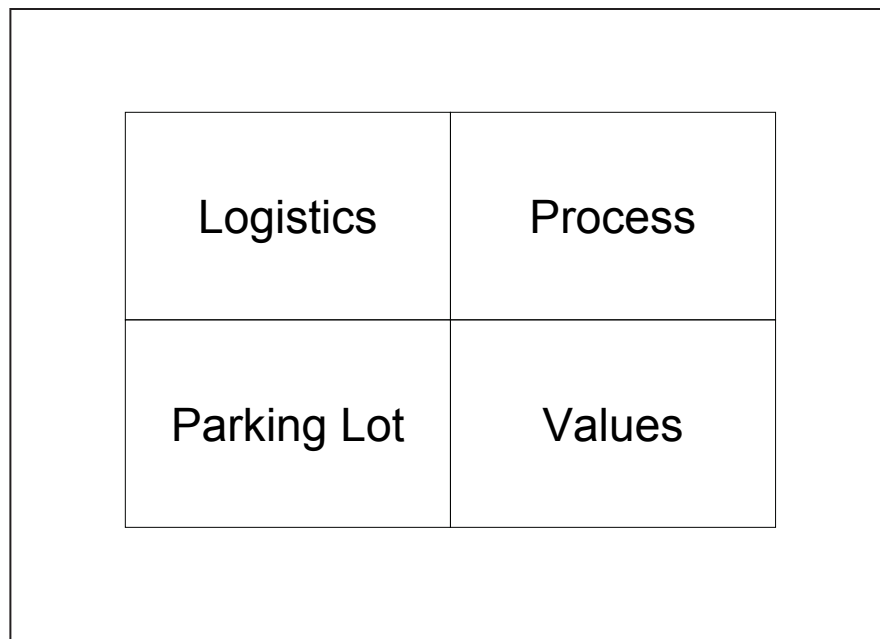
Information

Discussion

Questions

Activities and Exercises

Training Methods



Logistics

Process

Values

Parking Lot

Expectations

Please tell us...

Your name

One thing you would like to learn or discuss

...about assisting people who are homeless
to apply for SSI or SSDI benefits

Expectations

Agenda

- Overview of Social Security Disability Programs
- Non-Medical Information
- Medical or Disability Information
- Interviewing and Assessing for SSI/SSDI
- Developing Medical and Functional Information
- Medical Summary Report
- Supplemental Medicaid Programs
- Work Incentives
- Starting a Community SSI/SSDI Initiative

Agenda

- Look at the agenda
- Ask any questions about the program

Getting Started ...

Pre-Test

- Purpose: To measure the effectiveness of the training curriculum, not the knowledge of participants
- No names please
- Individual activity

Post-Test at end of training program

Pre-test

- The purpose of the pre-test is to measure the impact of the training program, not the knowledge of individuals
- No names are put on the pre-test
- Please complete the pre-test

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

This is an exciting opportunity to gain knowledge and skills that can provide invaluable assistance to people who are homeless and who have mental health and co-occurring disorders! To get the greatest benefit from the program, take full advantage of the opportunities offered.

- Be sure to ask questions
- Participate fully
- Use all the materials offered, including the Web sites
- Let us know if there is anything that is distracting from your learning

Thank you for respecting the program values and ground rules.

MODULE I

The Disability Programs of the Social Security Administration



Introduction

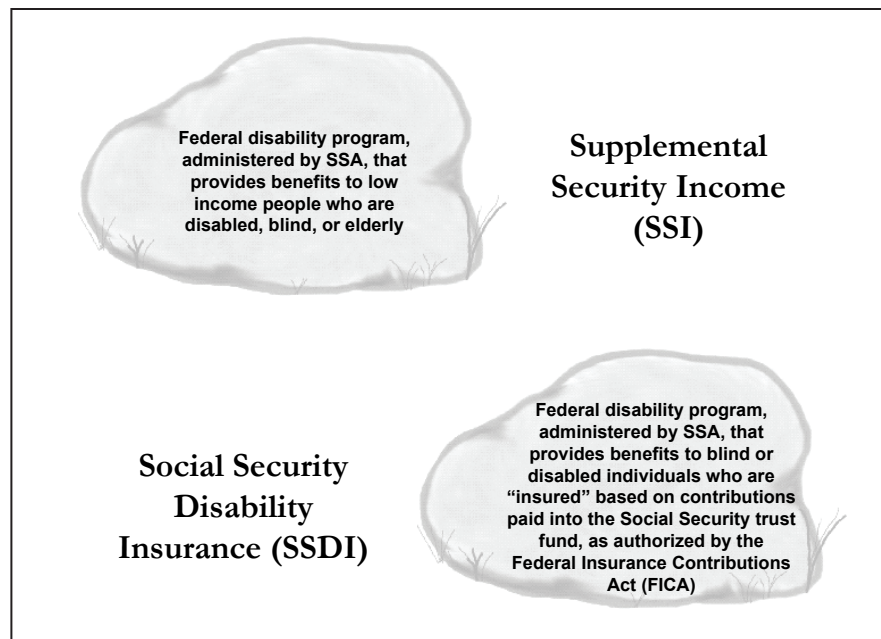
This module provides an introduction to the disability programs of the Social Security Administration — Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

While the two disability programs have many similarities, they also have striking differences, both in what benefits are offered and in the application procedures. This module examines the similarities and differences and provides a brief history of how the programs were started.

Module Topics

- The Disability Programs of the Social Security Administration
- Discussing SSI/SSDI: Exercise A
- A Brief History of SSA Disability Programs
- SSA Disability Benefits — Similarities and Differences

**What are the two disability
programs offered by the
Social Security Administration?**



Supplemental Security Income (SSI)

is a Federal disability program, administered by the Social Security Administration (SSA), that provides benefits to low income people who are disabled, blind, or elderly.

People often confuse SSI and SSDI; however, there are important differences.

Words
of
Advice

Social Security Disability (SSDI)

is a Federal disability program, administered by SSA, that provides benefits to blind or disabled individuals who are "insured" based on contributions paid into the Social Security trust fund, as authorized by the Federal Insurance Contributions Act (FICA).

Discussing SSI / SSDI

TRAINING EXERCISE A

Opportunities

Challenges

TRAINING EXERCISE A – DISCUSSING SSI/SSDI

Opportunities and Challenges

Instructions

1. List the kinds of opportunities afforded by receiving SSI or SSDI.
2. List some of the challenges and obstacles people face in pursuit of these benefits.

Disability (SSA)

Impairments must affect a person's ability to work.

“inability to engage in any substantial gainful activity (SGA)...”

Disability

- For SSA to consider a person disabled, the impairment(s) must affect the person's ability to work
- The Social Security Administration defines disability as the “inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s) that has lasted or is expected to last for a continuous period of not less than 12 months or results in death”

A Brief History of SSA Disability Programs

- 1935 – Law establishes Social Security
- 1937 – Benefit payments for retirement begin
- 1942 – Monthly payments begin
- 1956 – SSDI signed into law
- 1965 – Medicare established, officially begins
on July 1, 1966
- 1972 – SSI is established

Brief History of SSA and its Disability Programs

This brief history of SSA disability programs' beginnings is important because it provides a context for each change in the program.

SSA Disability Benefits – The Similarities

Definition of Disability
Substantial Gainful Activity (SGA)
Application Process
Health Insurance
Medical Criteria

The Similarities Between SSI and SSDI

- The definition of disability remains the same
- Applicants must be earning at less than the level of Substantial Gainful Activity or SGA, which changes annually
- The application process is very similar for both programs
- Both SSI and SSDI are associated with a health insurance program
- Medical criteria for determining eligibility, based on the sequential evaluation, are the same

SSA Disability Benefits – The Differences

Supplemental Security Income (SSI)	Social Security Disability Insurance (SSDI)
Benefit for disabled, elderly, and blind individuals who have very low income	Benefit for insured individuals (or certain relatives)
Benefit amount is the Federal Benefit Rate (FBR), plus available State supplement	Benefit amount based on FICA contributions
Limits on assets/resources	No limits on assets/resources
Living arrangement may affect benefit amount and eligibility	Living arrangement has no effect on benefit amount or eligibility
Medicaid eligibility usually comes with SSI	Medicare eligibility usually comes after two years of SSDI benefits
Eligibility usually begins the 1 st of the full month following the date of application OR protective filing date	Eligibility generally dependent on date of onset of disability
Work incentives usually apply immediately after work begins	Work incentives allow for 9-month Trial Work Period (TWP) during which full benefits are received

The Differences

- Non-medical eligibility criteria differ between programs
- Amount of benefits is calculated differently
- Health insurance tied to each program is different
- Date of eligibility is computed differently
- Work incentives are different

Summary

- People often confuse the two types of disability benefits from the Social Security Administration
- SSI and SSDI are separate disability benefits with significant differences
- Benefits are a ***tool in recovery*** – a means of helping a person stabilize his or her life

Summary

- People often confuse the two types of disability benefits from the Social Security Administration
- SSI and SSDI are separate benefits with significant differences
- Benefits are a tool in recovery – a means of helping people gain stability in their lives

New Terms:

Disability
Determination Services
Federal Benefit Rate
Social Security
Administration
Social Security
Disability Insurance
Substantial Gainful
Activity
Supplemental Security
Income

See the Glossary

Note

See Handy Tips on
the next page before
moving on to the next
module.

Note

Handy Tips

Some States supplement the Federal benefit payment, called the Federal Benefit Rate, for SSI. The following information for State supplements is current as of 2008:

SSA Administered States			
<i>In these States, SSA administers any State supplement to the Federal Benefit Rate.</i>			
California	Massachusetts	New Jersey	Rhode Island
District of Columbia	Montana	Pennsylvania	Utah
Hawaii	Nevada		

SSA and State Administered States			
<i>In these States, both SSA and the State administer any State supplement to the Federal Benefit Rate.</i>			
Delaware	Michigan	Vermont	Washington
Iowa	New York		

Additionally, a few states supplement SSI in particular living situations. Check with local SSA offices for information.

When determining Medicaid eligibility, the following States require information and/or applications beyond the SSI application:

SSI Criteria States			
<i>SSI criteria States use SSI eligibility criteria for Medicaid; beyond these criteria, these states may make their own Medicaid determinations or ask SSA to determine eligibility.</i>			
Alaska	Kansas	Nevada	Oregon
Idaho	Nebraska	North Mariana	Utah

209(b) States			
<i>209(b) States use at least one criterion that is more restrictive than the SSI program's criteria for determining eligibility.</i>			
Connecticut*	Indiana	New Hampshire*	Oklahoma
Hawaii	Minnesota	North Dakota	Virginia
Illinois	Missouri*	Ohio	

*State does not include individuals who are not blind and who are under the age of 18 in its definition of disability.

- To find out if a person receives SSI, public assistance, or SSDI, ask about the check amount and when the check arrives. The full Federal Benefit Rate for SSI is usually the maximum SSI amount (see annual benefits sheet). It may be reduced generally by one-third. SSDI is often above the full Federal Benefit Rate for SSI. Know the public or general assistance amount in your State.
- Benefits are not an end point, but rather a tool in recovery — a means of helping people gain stability in their lives.
- Find out more about Medicare at www.Medicare.gov.

MODULE II

Engaging the Applicant



Introduction

Applications for disability programs can be overwhelming – especially for a case manager who is struggling to assist dozens of people, each with unique situations, problems, needs, and abilities. Navigating the application process while maintaining sensitivity to each person may often seem difficult.

With only so many hours in a day, how can a case manager devote the time necessary to each individual? How can a case manager elicit very personal information from individuals who often are mistrustful of people they do not know well? How can all be done quickly and sensitively?

This module provides strategies for helping a case manager engage individuals by creating a comfortable, safe environment where individuals can talk without feeling threatened. Effective engagement can make the process of gathering information for an application much easier.

Module Topics

- Being Homeless: A Visualization
- Potential Roles of a Case Manager / Outreach Worker
- Creating a Comfortable and Safe Environment
- Engagement Tips — Offering Respect, Choice, and Control
- Characteristics That Develop Trust
- Engaging an Individual — Training Exercise C, Video Demonstration

Being Homeless: A Visualization

TRAINING EXERCISE B

TRAINING EXERCISE B – BEING HOMELESS – A VISUALIZATION

Introduction

Before discussing engagement with an individual, those providing outreach to adults who are homeless must first begin to understand the experience of homelessness. Listen while the following passage is read aloud.

Imagine Being Homeless: A Script

Imagine if you were homeless, what would it be like? Simply to survive would likely consume most of your effort and energy. When you need breakfast or lunch, you must go and stand in line at the soup kitchen roughly an hour before it opens so you can get fed fairly early. Imagine if it's bitterly cold or horribly hot. As you think about what it would be like for you to be homeless, imagine that you have a psychotic illness (the hallmark of which is trouble thinking clearly), so you are constantly distracted or confused. You are deeply depressed so you have, literally, no energy. Or perhaps you have manic symptoms, so your thoughts move so quickly, you can't keep up.

Then suppose that you need clothing, and (as is often the case) the place to get clothing is on the other side of town. You have no money, so you have no transportation. You must walk and carry all that you own, since there is no place to leave it.

Then, if you need treatment, you usually have to be at the clinic for walk-ins, say, Wednesday between 10 and 11 a.m., but that's also the time that the special warm clothing place is open. Since you have to get clothes, you give up treatment.

When you're struggling with all this, the people who can help have lots of different rules you must meet to get their help – and these rules are different from place to

place. If you mess up, say miss two or three appointments, they won't serve you. This is while you're hearing voices or struggling in other ways, and the whole time, you're terrified.

So, how do you manage the terror? If you stay on the street, you could get assaulted or robbed or even killed. If you go in a shelter, you have to sleep very close to someone you don't know who might be withdrawing from drugs or hearing voices or having a seizure or lots of other problems. Even in a "shelter," you might be assaulted or robbed.

To manage the terror, you drink. It helps you sleep – wherever you are – at least for a little while, and it keeps you from feeling so frightened.

Typically, what the helpers offer is not what you want – a shelter bed rather than a home, emergency care rather than helping you get well, rejection rather than welcome, labeling rather than understanding. You are told that you are resistant or noncompliant, and the blame is put on you for not changing. Helpers don't do this intentionally, but they do it.

So as we move through this curriculum, please keep in mind that this is what it's like. That obtaining income supports and basic needs are essential to a person's recovery. Remember that the person is literally struggling with survival. It is not that people don't want their lives to be better; in fact, they desperately do. Often they don't know how, and they are busy just trying to stay alive.

Potential Roles: Case Manager / Outreach Worker

Contact Person

Central point of contact
Helps complete SSI or SSDI application
Helps SSA and DDS obtain information

Representative

Provides same functions as “contact person” above
Has legal authorization to act on behalf of applicant

Representative Payee

Responsible for assistance with budgeting and managing SSI/SSDI benefits
Usually at agency level, not individual case manager

Note

For more information on representative payees, consult the *Stepping Stones to Recovery* companion manual.

Communication Is the Key

Whatever level of involvement a case manager is able to maintain when helping a person with SSA disability benefit applications, the most important responsibility he or she has is to facilitate communication. Without effective communication, the application process may be more cumbersome, time-consuming, and ineffective.

- Contact person
- Representative
- Representative payee

Creating a Comfortable and Safe Environment

Goal

To provide access to benefits and services for those who are eligible

Key

Create a relationship that offers respect, choice and control

**What are some factors that
contribute to creating a
comfortable and safe environment?**

Factors?

What are some factors that contribute to creating a comfortable and safe environment?

Elements of a Comfortable Environment

To feel comfortable with another person, an individual needs to:

- Be treated with respect and dignity
- Be greeted warmly, allowing for personal space and the option not to respond
- Be offered a handshake and the opportunity to accept or reject it
- Be asked how he or she wants to be addressed
- Know the purpose of the contact
- Have his or her basic needs addressed
- Be able to ask questions and receive clear answers
- Have choice as to if, where, and when he or she meets
- Be given time to get to know the other person
- Be clear on what the next steps are

Creating a Comfortable Environment

When a case manager can create a comfortable environment, an individual is more likely to feel safe and willing to share what are — potentially — very personal life experiences.

- To be treated with respect and dignity, regardless of the circumstances
- To be greeted in a warm fashion that allows for personal space and the opportunity not to respond initially
- To be offered a handshake as a sign of welcome and given the opportunity to accept or reject it
- To be asked how he or she wants to be addressed

- To know the purpose of the contact
- To have his or her basic needs addressed
- To be able to ask questions and receive clear answers
- To have choice as to if, where, and when to meet
- To be given time to get to know the other person
- To be clear on what the next steps are
- Other possible ways of creating a comfortable environment

Maintaining Contact

- See person right away
- At initial contact, find out where he or she spends time
- Ask with whom the person maintains contact – get a release

Maintaining Contact

Participants frequently express frustration over not being able to maintain contact with people who are homeless. Strategies to do so include:

- When a person first becomes known to you, make sure you see him or her right away; this means that if the person is in a setting he or she will leave (e.g., emergency room, emergency shelter, hospital), it is important to go there before he or she leaves to introduce yourself
- At the initial contact, find out where the person “hangs out” during the day and where he or she gets meals, sleeps, spends time, etc.
- Ask if there is anyone with whom the person maintains regular contact; ask for that individual’s name, address, and phone number and ask the individual to sign a release for you to contact that person if you can’t find the individual you are serving

These strategies have been found to cut down on losing track of people.

Engagement Tips

Introductions

- Have someone introduce you
- Approach in a gentle manner, speak softly, be clear
- Introduce yourself
- Ask how the person prefers to be addressed

First Meeting

- Bring food or drink, if possible
- Gather information
- Give the person space
- Pay attention to the time

Return Visits

- Ask the individual if you can talk again
- Follow through – underpromise and overdeliver!
- Return when you say you will
- Each time you arrive, bring something

Engaging an Individual

When completing an application for SSI or SSDI, a case manager is asking an individual to provide what is often very personal information about his or her life. This process requires a great deal of trust on the applicant's part. Often, however, a person who is homeless and who is living with a mental illness has learned to be distrustful of others.

The first step to creating a trusting environment is to effectively engage the individual. To do this, a case manager must make sure that the approach and intervention allow the individual to experience some choice and control over what happens. Choices that may seem trivial to a case manager may be very important to people who feel they have no options.

Introductions

- Have someone the individual knows introduce you
- Approach in a gentle manner, speak softly, and be clear about your purpose
- Introduce yourself

- Ask how the person prefers to be addressed

First Meeting

- Bring food or drink, if possible
- Gather information
- Space — make sure to give the person some physical space, so that he or she does not feel encroached upon
- Pay attention to the amount of time you are spending and the individual's reaction to the interaction

Return Visits

- Ask the individual if you can come back again to talk
- If you offer to help with something, make sure to follow through — underpromise and overdeliver
- Return when you say you will
- Each time you arrive, bring something — a sandwich, soda, coffee, or other food or beverage; ask what the person prefers and try to bring the preferred items

Care-acteristics That Develop Trust

Compassion

Assurance

Respect

Empathy

Developing Trust

- Compassion
- Assurance
- Respect
- Empathy

Engaging an Individual

TRAINING EXERCISE C

TRAINING EXERCISE C: ENGAGING AN INDIVIDUAL

Introduction

The video shows how one case manager uses engagement skills.

Instructions

1. While viewing the video, keep your materials open to the slide on page 9, Engagement Tips.
2. Note how the interviewer accomplishes each tip.

Summary

Effective engagement involves a process of creating a comfortable, safe environment. Creating this type of environment, where an individual can talk without feeling threatened, facilitates communication and can make the process of gathering information for an application much easier.

Summary

- Mental illness can affect all aspects of a person's life – thinking, emotions, behavior
- Observe reactions accurately and become sensitive to the nuances that arise
- Be curious – listen to *each individual's* story
- Address basic needs first – treatment can be provided later

Summary

- Mental illness can affect all aspects of a person's life — thinking, behavior, reaction and emotions
- It is essential to develop the ability to observe reactions accurately and to be sensitive to the nuances that arise — this takes time and practice
- Be curious — listen to each individual's story
- Addressing basic needs is the focus of each intervention — treatment can be provided later
 - Of course, in urgent situations such as suicidal or homicidal thoughts, case managers should respond to the emergency immediately
- The SSA disability application process can be started before the person is in treatment or housing; the process itself can be used as an engagement tool
- Addressing basic needs can increase willingness to engage in treatment

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

- Delivering what is promised is critical—at the time and place promised. Remember to underpromise and overdeliver. Offer what you can do, provide it, and you will gain trust because you show trustworthiness.
- Focus on choice and respect.
- At the first meeting, learn about where the person spends time (eats, sleeps, stays during the day, etc). Find out if the person keeps in touch with anyone on a regular basis and ask if you can have that contact information. Obtain a release to do so.
- Clarity is important. Some examples:
 - *“Is it okay if I sit here and talk with you for a while? I’d like to talk about helping you get a place to stay and some income.”*
 - *“We are a program that works to help people who are struggling and having a tough time getting what they need.”*
 - *“I’d like to come back and see you again. Would that be all right?”*
 - *“May I bring you something to eat and drink? What would you like?”*
 - *“Okay. So I’ll come back here tomorrow at 10:00 in the morning. We’ll meet right here again, and I’ll bring you coffee with cream and sugar and an egg sandwich. Is that okay? See you tomorrow at 10:00.”*

MODULE III

The Application Process: Non-Medical Information



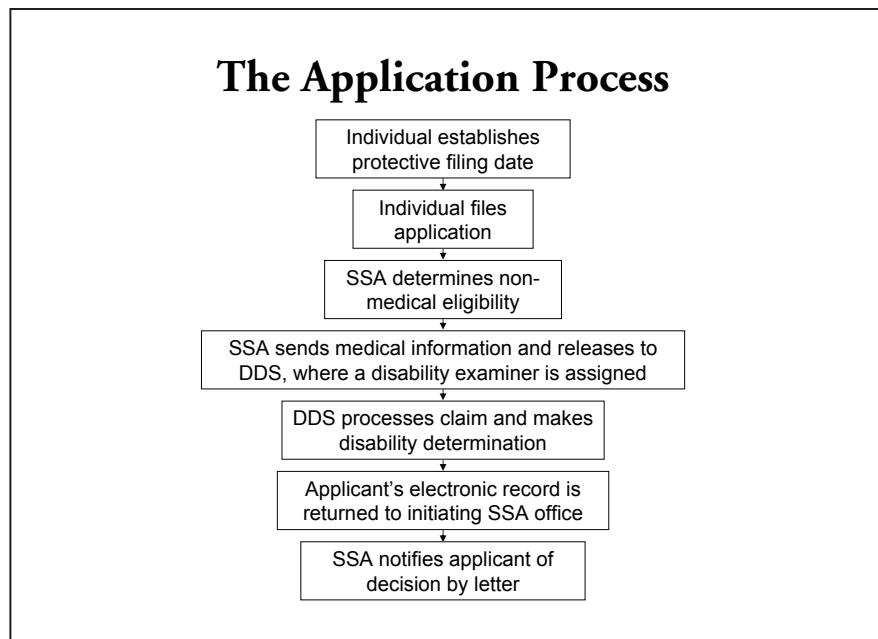
Introduction

This module presents an overview of the entire application process and then focuses on the non-medical portion. It reviews the mechanics of the application process including: the different ways in which an individual can apply, the types of information required, the different forms required, and the different agencies that assess each part of the application.

A strong theme throughout this module and those that follow is the case manager's or advocate's responsibility to ensure the completeness and accuracy of the information gathered and presented to the SSA. The information in Modules III and IV will provide a foundation for the remaining modules in the curriculum.

Module Topics

- The Application Process, Six Steps to Completion
- How to File an Application
- Establishing a Protective Filing Date
- Non-Medical Information
- SSA Forms: SSA-8000, SSA-16, SSA-1696



SSA's SSI/SSDI Application Process



Social Security Administration (SSA)

Disability Determination Services (DDS)

SSA and DDS – Collaborative Effort

- | SSA | DDS |
|--|--|
| <ul style="list-style-type: none">• Initial contact point• Processes non-medical eligibility criteria• Ensures necessary forms for medical evidence collection are complete• Forwards medical releases and disability report to DDS• Later confirms decision | <ul style="list-style-type: none">• State agency under contract with SSA• Assesses medical evidence• Makes a determination on disability |

SSA and DDS — Collaborative Effort

The Social Security Administration (SSA) does not assess the entire application itself. The SSA claims representative only processes the non-medical information. Once SSA has received the non-medical information, and the claims representative has determined eligibility at that step, the application is sent on to the Disability Determination Service (DDS).

At the DDS, a disability examiner then conducts an assessment of the medical evidence and processes a disability determination. (The terms “disability examiner” and “disability adjudicator” are used interchangeably and refer to the person at the DDS who examines the application and begins the determination as to disability.) See Modules IV and V for more information.

Protective Filing Date

- Establishing a date of first contact with SSA – Crucial!
- Date used to determine SSI eligibility
- Determines when individual can potentially start receiving benefits

Protective Filing Date

For SSA, the application process often begins when an individual establishes a protective filing date.

For those individuals applying for SSI, the establishment of this date is especially crucial since it will likely be used as the date to determine when benefits should start.

Establishing Protective Filing Date

- Call SSA
- Walk in to SSA
- Initiate SSDI application on-line for SSDI only

Establishing a Protective Filing Date

Setting the Eligibility Date

SSI eligibility = first day of the full month following date of application or protective filing date

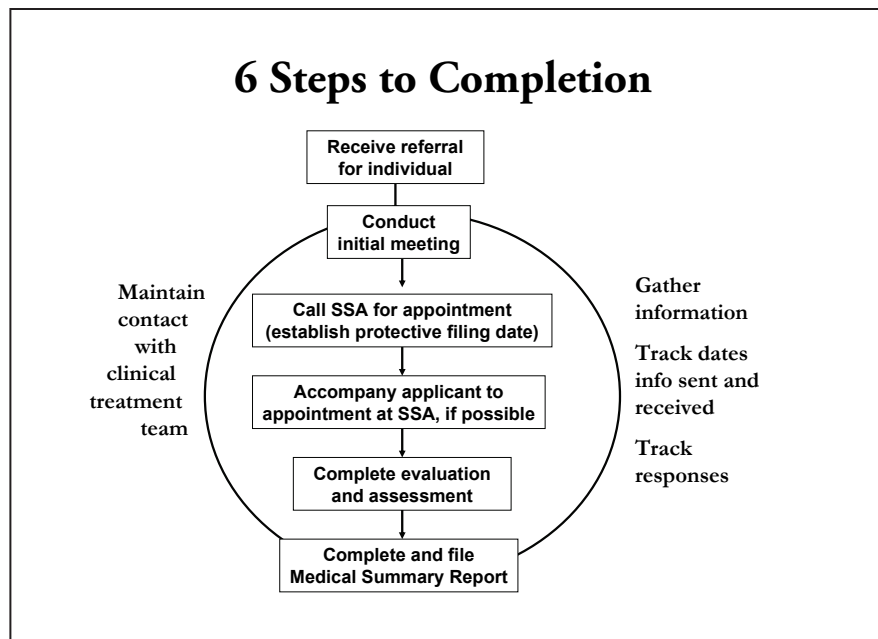
The Difference a Day Makes

Protective Filing Date	October 31
Eligibility Date	November 1 ←
Protective Filing Date	November 1
Eligibility Date	December 1 ←

Setting Eligibility Date

A protective filing date that is one day late can cost an applicant a month's worth of benefits.

Words of Advice



Words of Advice

Throughout this process, the case manager should maintain contact with the clinical treatment team, if the individual is currently in treatment.

A Case Manager's To-Do List

While understanding the application process is helpful, it does not address the question: What is *the case manager* doing during this time? The “6 Steps to Completion” depicts the process from the case manager’s viewpoint.

The tasks of each step are explained in detail later in the curriculum.

How to File an Application

- Walk in without an appointment
- Schedule an in-person interview
- Schedule a phone interview
- Begin the application on-line

How to File an Application

- Walk-in without an appointment
- Schedule an in-person interview
- Schedule a phone interview
- Begin the application on-line (available for SSDI and for the SSI/SSDI disability report)

Applicant Interview

- Accompany the applicant to the interview – advantages?

OR

- Compile a list that applicant can present at the interview

Words of Advice

Although an application can be done by phone (or begun on-line), going to SSA in person may be helpful because the claims representative can observe, note behaviors, and ask clarifying questions.

Words of Advice

Working with SSA to set up appointment times can help the case manager and the applicant to avoid long waits.

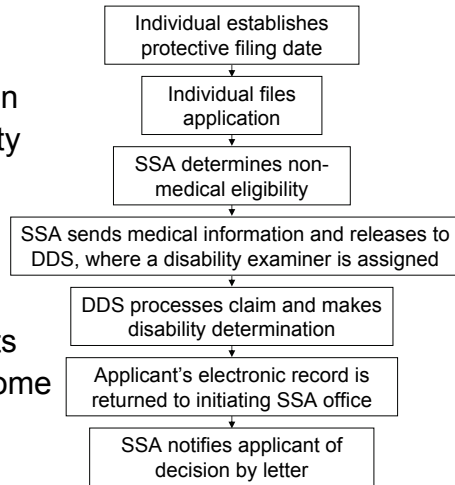
Applicant Interview

Applying for disability benefits can be a daunting task. There are some ways to make an applicant's interview process more comfortable. These include:

- Accompany the applicant to the interview
 - If the individual applies in person, a case manager should, if at all possible, accompany the applicant to the SSA office
 - The case manager can help the applicant feel at ease, create a comfortable environment, and assist in answering questions
- Compile a list that the applicant can present at the interview
 - If a case manager cannot accompany an applicant, an alternative is to compile a list of health problems and treatment sources that the applicant can then present at the interview
 - This can be assembled in an environment that the applicant finds comfortable and safe, so he or she can speak freely

Non-Medical Information

- Earnings History
- Personal Information
- Preliminary Disability Information
- Immigration Status
- Battery or Cruelty
- Legal Involvement
- Living Arrangements
- Resources and Income



Non-Medical Information

When an individual applies for SSI or SSDI, an SSA claims representative first determines the non-medical eligibility. The non-medical information is as critical as any medical evidence submitted because, if an applicant does not clear this first step, the application goes no further.

SSA Application Forms – Non-Medical

SSA-8000 Application (for SSI)

SSA-16 Application (for SSDI)

SSA-1696 Appointment of Representative
(supplemental form)

Note

A case manager should keep a copy of everything submitted and request a copy of the full application from SSA.

SSA-8000 Application Form (for SSI) or SSA-16 Application Form (for SSDI)

- Used by SSA to assess the non-medical information
- Forms are different for SSI and SSDI because the information required is so different

SSA-1696 Appointment of Representative Form

- Used to establish a representative who can assist with all aspects of the application
- Allows case manager to maintain open communication with both SSA and DDS
- Enables case manager to receive copies of all correspondence sent to and from the applicant
- Especially useful when serving adults who are homeless

Note

Samples of these forms can be found on pages 47–51 of this module.

SSA-8000

SSI Application

SSA-8000 SSI Application

- Not a form that case managers typically use
- Usually the SSA claims representative completes the form on the computer during an interview (in person or by phone)
- Since the form can be overwhelming to applicants, case managers might meet with SSA to see if this part of the application can be done by a case manager on an outreach basis
- This approach is particularly useful when applying for benefits for an individual who does not leave his or her particular spot (such as a park bench)
- This is the first form of an SSI application to be processed
- Any assistance a case manager can provide to obtain needed documentation is very helpful, as delays in providing required documentation will slow the process

The *SSI and SSDI Non-Medical Documentation Checklist (Worksheet 1)* can be found on page 41 of this module.

Note

The *SSI Application SSA-8000* can be found on page 47 of this module.

Note

SSA-8000

Citizenship and Residency

4. (a) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or disabilities, or deceased?			
<input type="checkbox"/> YES: Parent's Name: _____ Social Security Number: _____ Address: _____ <input type="checkbox"/> NO			
5. Citizenship		Country of origin (other than the U.S.): _____	
6. Are you a United States citizen by birth?		<input type="checkbox"/> YES: Go to #12 <input type="checkbox"/> NO: Go to #7	
7. Are you a naturalized United States citizen?		<input type="checkbox"/> YES: Go to #12 <input type="checkbox"/> NO: Go to #8	
8. (a) Are you an American Indian born outside the United States?		<input type="checkbox"/> YES: Go to #12 <input type="checkbox"/> NO: Go to #9	
(b) Check the block that shows your American Indian status.			
<input type="checkbox"/> American Indian born in Canada: Go to #12 <input type="checkbox"/> Member of a Federally recognized Indian Tribe: Go to #12 <input type="checkbox"/> Other American Indian: Go to #12 (Print in Remarks, then Go to #5)		<input type="checkbox"/> American Indian born in Canada: Go to #12 <input type="checkbox"/> Member of a Federally recognized Indian Tribe: Go to #12 <input type="checkbox"/> Other American Indian: Go to #12 (Print in Remarks, then Go to #5)	
(c) Check the block below that shows your current immigration status.			
<input type="checkbox"/> Admission Immigrant: Go to #9 <input type="checkbox"/> Lawful Permanent Resident: Go to #9 <input type="checkbox"/> Refugee: Go to #11 <input type="checkbox"/> Asylee: Go to #11 <input type="checkbox"/> Conditional Entrant: Go to #11 <input type="checkbox"/> Provision for One Year: Go to #11 <input type="checkbox"/> Cuban-Haitian Entrant: Go to #11 <input type="checkbox"/> Repatriation/Residual: Go to #11 <input type="checkbox"/> Other: Go to #11 (Print in Remarks, then Go to #5)		<input type="checkbox"/> Admission Immigrant: Go to #9 <input type="checkbox"/> Lawful Permanent Resident: Go to #9 <input type="checkbox"/> Refugee: Go to #11 <input type="checkbox"/> Asylee: Go to #11 <input type="checkbox"/> Conditional Entrant: Go to #11 <input type="checkbox"/> Provision for One Year: Go to #11 <input type="checkbox"/> Cuban-Haitian Entrant: Go to #11 <input type="checkbox"/> Repatriation/Residual: Go to #11 <input type="checkbox"/> Other: Go to #11 (Print in Remarks, then Go to #5)	

FORM SSA-8000 SR (02-2007) Page 3

Note

The *SSA-8000* can be found on page 47 of this module. This section clarifies citizenship and residency, as the title indicates.

Applying for SSI – Citizenship and Residency

An applicant who is not a U.S. citizen may be eligible for SSI benefits under one of three categories:

- **Eligible indefinitely for benefits**
 - Permanent resident immigrant who has worked 40 qualifying quarters
 - Veteran with honorable discharge
 - Active military in the U.S. Armed Forces
 - Spouse or unmarried dependent child of veteran or active military individual
 - Immigrant who was a legal permanent resident as of August 22, 1996 and became disabled after that date
- **Eligible for 7 years of benefits** (after status obtained)
 - Refugee
 - Asylee
 - Immigrant whose deportation is withheld
- **Grandfathered into eligibility**
 - Legal immigrant who resided in U.S. and received SSI prior to August 22, 1996

Citizenship and Residency

SSI Eligibility TRAINING EXERCISE D		
Scenario	Eligible?	Reason?
1. Jose		
2. Marianne		
3. Nguyen		
4. Sam		
5. Francois		

TRAINING EXERCISE D: SSI ELIGIBILITY

The mini-scenarios of this exercise present the situations of potential SSI applicants. Determine whether these applicants would be eligible based on the information provided.

1. Jose arrived in the U.S. from Mexico in January 2005. He is considered to be a permanent resident and is staying with family while he works. Would Jose be eligible for SSI?

☐ Yes

☐ No

Why?

2. Marianne came to the U.S. in 1995. She was injured at work and began receiving SSI in June 1996. Is she still eligible?

☐ Yes

☐ No

Why?

3. Nguyen has fled persecution in China. He had been arrested after the Tiananmen Square uprising and was held for several years. After his release, he was still under surveillance. He came to the U.S. on asylee status in 2004 and has his immigration papers. Is he eligible?

☐ Yes

☐ No

Why?

4. Sam arrived in the U.S. from Nicaragua in 1997 as a legal resident. In 2001, he enlisted in the U.S. Army and re-enlisted after his three years were up in 2004. Would Sam be eligible for SSI?

☐ Yes

☐ No

Why? _____

5. Francois arrived in the U.S. from France in October 1996. As a legal resident, he was able to enlist in the U.S. Air Force. Francois had a problem with alcohol and wound up having fights in the service for which he was eventually dishonorably discharged. Is Francois eligible for SSI?

☐ Yes

☐ No

Why? _____

SSA-8000

Battery and Cruelty

8. Did you have status, or have applied for status as the spouse, child, or parent of a U.S. citizen, or lawfully admitted permanent resident alien? Go to #10; otherwise, Go to #12.			
9. If you are lawfully admitted for permanent residence:			
(a) Date of admission	Yes (month, day, year)	Your spouse, if filing (month, day, year)	
(b) Were your entry into the United States sponsored by any person or sponsored by an institution or group?	<input type="checkbox"/> Yes (Go to #12)	<input type="checkbox"/> No (Go to #10)	<input type="checkbox"/> Yes (Go to #12)
(c) Give the following information about the person, institution, or group, then Go to (d):			
Name	Address		Telephone Number
(d) What was your immigration status, if any, before adjustment to lawful permanent resident?			
Status:	Yes	Your spouse, if filing Status:	
From: (month, day, year)	From: (month, day, year)	From: (month, day, year)	
To: (month, day, year)	To: (month, day, year)	To: (month, day, year)	
(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> Yes (Go to #5)	<input type="checkbox"/> No (Go to #11)	<input type="checkbox"/> Yes (Go to #5)
(f) Name and Social Security Number of parent(s) who worked:	Social Security Number		
Name	Social Security Number		
(g) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> Yes (Go to #8)	<input type="checkbox"/> No (Go to #12)	<input type="checkbox"/> Yes (Go to #8)
(h) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> Yes (Go to #11)	<input type="checkbox"/> No (Go to #12)	<input type="checkbox"/> Yes (Go to #11)
11. Are you, your spouse, or parent an active duty member of a reserve of the armed forces of the United States?	<input type="checkbox"/> Yes (Go to #12)	<input type="checkbox"/> No (Go to #12)	<input type="checkbox"/> Yes (Go to #12)
(a) When did you first make your home in the United States?	Month, day, year		Month, day, year
(b) Have you lived outside of the United States since then?	<input type="checkbox"/> Yes (Go to #1)	<input type="checkbox"/> No (Go to #13)	<input type="checkbox"/> Yes (Go to #1)
(c) Give the dates of residence outside the United States:	From: (month, day, year)	To: (month, day, year)	From: (month, day, year)
13. (a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mexico, Alaska) 30 consecutive days prior to the filing date?	<input type="checkbox"/> Yes (Go to #1)	<input type="checkbox"/> No (Go to #14)	<input type="checkbox"/> Yes (Go to #1)

U.S. DHS SSA-8000 (Rev. 12/2007) Page 4

Note

The *SSA-8000* can be found on page 47 of this module. This section is used to review issues relating to battery and cruelty, as they apply to immigrants.

Battery and Cruelty: Question 10

Immigrants Only

- Inquires about history
- Asks about experiences within U.S.
- Petition Homeland Security for change in immigration status due to battery or cruelty
 - A request for such a change could make eligibility more likely
 - In these instances, discuss the situation with local SSA office

Battery and Cruelty: Question 10

SSA-8000

Current Legal Status

13. (a) Give the date (month, day, year) you left the United States and the date you returned to the United States.		Date Left: Date Returned:	Date Left: Date Returned:
IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #18. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MONTH OF THE FIRST LIVING MONTH, GO TO #16. OTHERWISE GO TO #15.			
14. (a) Is your spouse (parent, the sponsor of an alien who is eligible for supplemental security income)?		<input type="checkbox"/> YES Go to (a) <input type="checkbox"/> NO Go to #15	
(b) Eligible Alien's Name		Eligible Alien's Social Security Number	
15. (a) Do you have any outstanding felony warrants for your arrest?		Yes <input type="checkbox"/> YES Go to (a) <input type="checkbox"/> NO Go to #16	Your Spouse's Birth <input type="checkbox"/> YES Go to (a) <input type="checkbox"/> NO Go to #16
(b) In which state or country was this warrant issued?		Name of State/Country	Name of State/Country
(c) Was the warrant satisfied?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (b)
(d) Date warrant satisfied		month, day, year	month, day, year
16. (a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?		Yes <input type="checkbox"/> YES Go to (a) <input type="checkbox"/> NO Go to #17	Your Spouse's Birth <input type="checkbox"/> YES Go to (a) <input type="checkbox"/> NO Go to #17
(b) In which state or country was the warrant issued?		Name of State/Country	Name of State/Country
(c) Was the warrant satisfied?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (b)
(d) Date warrant satisfied		month, day, year	month, day, year
PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.			
17. Check the block which best describes your present living situation:			
<input type="checkbox"/> Household	Since (month, day, year)	Go to #22	
<input type="checkbox"/> Non-Household Care	Since (month, day, year)	Go to #20	
<input type="checkbox"/> Institution	Since (month, day, year)	Go to #18	
<input type="checkbox"/> Transient	Since (month, day, year)	Go to #25	

FORM SSA-8000-BK (02-2007)

Page 5

Note

The *SSA-8000* can be found on page 47 of this module. This section is used to review issues that relate to current legal status as indicated in the title.

Current Legal Status

For SSI application to move forward

- Address any outstanding felony warrants
 - Missed hearing?
- Ensure that violations of parole / probation satisfied
 - Legally filed violations only

Current Legal Status

Legal Issues

Felony Warrants

- Must be identified and satisfied
- Felony history does not affect the application

Bench Warrants

- Minor charges, person released; later court date is set
- Person unaware of date; misses court date
- Bench warrant is then issued; a felony

Parole or Probation Violations

- Being on probation or parole will not interfere
- Only legal violation affects application

Felony Warrants

Bench Warrants

Parole or Probation Violations

SSA-8000

Living Arrangement

13. (a) Give the date (month, day, year) you left the United States and the date you returned to the United States.		Date Left: Date Returned:	Date Left: Date Returned:
<p>IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #16. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #15. OTHERWISE GO TO #16.</p>			
14. (a) Is your spouse (parent, the sponsor of an alien who is eligible for supplemental security income)?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #15	
(b) Fugitive Alien's Name		Fugitive Alien's Social Security Number	
15. (a) Do you have any unsatisfied felony warrants for your arrest?		YES <input type="checkbox"/> NO <input type="checkbox"/> Go to (b) Go to #16 Go to #16	
(b) In which state or country was this warrant issued?		Name of State/Country	Name of State/Country
(c) Was the warrant satisfied?		<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16	
(d) Date warrant satisfied		month, day, year	month, day, year
16. (a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?		YES <input type="checkbox"/> NO <input type="checkbox"/> Go to (b) Go to #17 Go to #17	
(b) In which state or country was the warrant issued?		Name of State/Country	Name of State/Country
(c) Was the warrant satisfied?		<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17	
(d) Date warrant satisfied		month, day, year	month, day, year
PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.			
17. Check the block which best describes your present living situation:			
<input type="checkbox"/> Household	Since month, day, year	Go to #29	
<input type="checkbox"/> Non Institutional Care	Since month, day, year	Go to #20	
<input type="checkbox"/> Institution	Since month, day, year	Go to #18	
<input type="checkbox"/> Transient	Since month, day, year	Go to #35	

FORM SSA-8000-88 (07-2007)

Page 5

The *SSA-8000* can be found on page 47 of this module. This section is used to review issues that relate to living arrangements, as indicated in the title.

Note

Living Arrangement Can Affect Benefit

- SSI based on need
- Living arrangement affects amount
- Produce all documents at application
 - Rental agreements, leases, mortgage papers, etc.
- Four types considered
 - “A” Living Arrangement
 - “B” Living Arrangement
 - Suspended/State Institution
 - Non-State Institutions

Living Arrangements (SSI)

“A” Living Arrangement

- Homeless
- Qualifying transitional housing
- Paying rent (including room and board, Section 8)
- Receive full monthly Federal Benefit Rate

“A” Living Arrangement

“B” Living Arrangement

- For individuals receiving some in-kind support
 - Such as food and shelter
- Often applies to individuals living with family members
- Receive reduced monthly rate
- Approximately 2/3 of FBR

“B” Living Arrangement

Loan Agreement Can Change “B” to “A”

- Individuals providing help expect reimbursement
 - Covered expenses are considered a loan
 - Written proof is necessary
- To change from “B” to “A”
 - Same amount must be charged as would be charged to others; stated in agreement
 - Loan status is clear
 - Applicant understands expected re-payment and signs agreement to do so
- See *Sample Loan Agreement*

Loan Agreements Can Change “B” to “A”

The *Sample Rental Loan Agreement* can be found on page 45 of this module.

Note

Living Arrangement Will Change to “A” Only If

Suspended/ State Institutional Setting

- SSI benefits affected if hospitalized or incarcerated in State institutional setting
 - Suspended after full calendar month
 - Terminated after 12 consecutive months
- Re-application can be made 30 days prior to discharge
 - SSA/DOC agreements
- Eligibility begins after release to community
- Upon release living arrangement is determined

Suspended/State Institutional Setting

Non-State Institutional Settings

- Institutions where Medicaid is paying for care, such as nursing homes
- Receive \$30 SSI benefit for personal expenses only

Non-State Institutional Settings

Determining Living Arrangements

TRAINING EXERCISE E

A	B	STATE INSTITUTION	NON-STATE INSTITUTION
Homeless Qualifying transitional housing Paying rent	Receives some in-kind support Applies to individuals living with family	State hospital Jail or prison	Living in institutions such as nursing homes

TRAINING EXERCISE E: DETERMINING LIVING ARRANGEMENTS

The mini-scenarios of this exercise present the situations of SSI recipients. Determine their living arrangements from the information provided.

1. Francine stays on a street corner most of the day. At night, she goes in an emergency shelter to sleep, returning to the street corner in the morning.

What is her living arrangement? A B Suspended/State Non-State

Why? _____

2. Horatio stays with his mother and sister in his mother's house. He has no income. His mother is able to take care of him and willingly does so.

What is his living arrangement? A B Suspended/State Non-State

Why? _____

3. Fred rents a room from a landlord where he has a bed, a shared bathroom, and a microwave oven. If he gets SSI, Fred wants to get an apartment to share with his friend.

What is his current living arrangement? A B Suspended/State Non-State

Why? _____

What will be his new living arrangement? A B Suspended/State Non-State

Why? _____

4. Howard is in his 40s, has many physical and mental health difficulties, and lives in a nursing home.

What is his living arrangement? A B Suspended/State Non-State

Why? _____

5. Jerry is currently in jail and has been there for 59 days. His expected release date is in three days. Prior to his incarceration, he lived in his own apartment and paid rent; he received the full Federal Benefit Rate. He is planning to return to the same living arrangement after his release.

What is his current living arrangement? A B Suspended/State Non-State

Why? _____

What will his living arrangement be after his release? A B Suspended/State
Non-State

Why? _____

6. Elizabeth is in a general (not State) hospital in the community. She's been there for about two weeks and should be discharged soon. She plans to return to the room she rents.

What is her living arrangement? A B Suspended/State Non-State

Why? _____

SSA-8000

Resources

26. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?

☐ YES: Name of Provider (Person or Agency): _____
List of items: _____
Monthly Value: \$ _____

☐ NO: _____ Go to #28

(b) Does anyone who does NOT LIVE with you owe you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?

☐ YES: Name of Provider (Person or Agency): _____
List of items: _____
Monthly Value: \$ _____

☐ NO: _____ Go to #28

26. (a) How the information given in #17-25 bears the name: ☐ YES: Go to 30 ☐ NO: Explain in Remarks, then Go to 30

(b) Do you suspect any of this information to change? ☐ YES: Explain in Remarks, then Go to #37 ☐ NO: Go to #37

PART II-RESOURCES: The questions in this section pertain to the first moment of the filing date month.

27. (a) Do you own or does your name appear on, either alone or with other people, the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?

☐ YES: Go to 30 ☐ NO: Go to #38

☐ YES: Go to 30 ☐ NO: Go to #38

(b) Owner's Name	Description (Year, Make & Model)	Used 1 yr	Current Market Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

28. (a) Do you own or are you buying any life insurance policies?

☐ YES: Go to 30 ☐ NO: Go to #39

☐ YES: Go to 30 ☐ NO: Go to #39

FORM SSA-8000-BK (02-2007) Page 10

Note

The *SSA-8000* can be found on page 47 of this module. This section covers personal resources, as indicated in the title.

Resources

Uncounted

- Car or truck
- House of residence
- Household goods
- Life insurance (face value under \$1500)
- Burial spaces/expense funds (under \$1500)

Counted

- Bank accounts
- Other real estate
- Investments: stocks, bonds
- Life insurance (\$1500+)
- Money/property disposed 30 months prior

Income – all, including child support, alimony, TANF, State assistance, self-employment wages, etc.

Applying for SSI — Resources

Note: See the *Stepping Stones to Recovery* companion manual for more information on counted resources and income.

Note

The *SSI Income/Resource Worksheet* (Worksheet 2) can be found on page 43 of this module.

Note

[illegible]

SSA-16

SSDI Application

Note

The *SSDI Application*
SSA-16 can be found on
page 49 of this module.

SSA – 16 / SSDI Application

- SSA-16
 - Available online
 - Much simpler than SSA-8000 (SSI)
 - SSDI eligibility – earnings history
 - No resources and assets counted
- Necessary documentation
- Consistency of information

SSA 16: SSDI Application

Applicants may need assistance in accessing an original birth certificate. (See the *Stepping Stones to Recovery* companion manual, page 18.) A checklist for documentation can be found on page 17 of the *Stepping Stones to Recovery* companion manual.

Words
of
Advice



SOCIAL SECURITY ONLINE

THE OFFICIAL WEBSITE OF THE U.S. SOCIAL SECURITY ADMINISTRATION

SSDI On-Line

- Visit www.socialsecurity.gov
- Navigate to Disability Benefits, then application
- Each screen/page requests specific information
- Can save incomplete application
- When complete, be sure to click the "Submit" button

On-line Access

SSA-1696

**Appointment of
Representative**

[illegible]

The *Appointment of Representative SSA-1696* can be found on page 51 of this module.

Note

SSA-1696 / Appointment of Representative

- Establish a representative to assist with application, who can
 - Maintain communication with SSA and DDS
 - Receive copies of all correspondence sent to and from applicant
 - “Stand in” for applicant
 - Provide information to SSA/DDS
 - Answer questions for applicant as needed
- *Highly recommended* for persons who are homeless and may not have a reliable contact phone or address

Words of Advice

The importance of the *SSA-1696 Appointment of Representative* form cannot be overstated. It provides wide access to information and costs nothing. In addition, using it does not pose liability for an agency. This is the most important tool in the case manager’s tool chest.

SSA-1696: Appointment of Representative

Summary

- Non-medical information is evaluated first
- If the person does not qualify at this step, the application goes no further
- Be sure to address all non-medical criteria thoroughly and accurately
- Once accomplished, move on to the medical information – Module IV

Summary: Application Process

- Non-medical information is evaluated first
- If the person does not qualify at this step, the application goes no further
- Be sure to address all non-medical criteria thoroughly and accurately
- Once accomplished, move on to the medical information – Module IV

New Terms:

Claims Representative
Disability Examiner
Protective Filing Date

See the Glossary

Note

See Handy Tips on
the next page before
moving on to the next
module.

Note

Handy Tips

- The importance of the SSA-1696 Appointment of Representative form cannot be overstated. It provides wide access to information and costs nothing. In addition, using it does not pose liability for an agency. This is the most important tool in the case manager's tool chest.
- SSA prefers that individuals apply for SSDI on-line.
- Ensuring completeness of the non-medical part of the SSI application is as critical to the process as the medical information. Keep in mind that the application goes no further unless non-medical criteria are met.
- For SSI, applying in person can be helpful as the SSA claims representative is able to write observations of the individual on the application, even electronically.
- Providing needed non-medical documentation at the time of application can facilitate the process. SSA must see original documents; these will be copied and returned the same day.
- For immigrants, documentation of status is critical. SSA may have proof of someone's immigration status on record or be able to obtain it. Case managers should check with SSA before attempting to obtain costly copies of immigration papers, which take a long time to get. Pro bono immigration attorneys and agencies who work with immigrants can help verify status as well.
- Identification has become more of an issue with the passage of the Deficit Reduction Act in 2005. Often a photo ID is needed to enter government buildings. Work with SSA to determine a strategy for access prior to bringing individuals in to apply. Sometimes, agencies make photo IDs using a Polaroid or digital camera. Find out if SSA would accept such an ID.
- Case managers should ensure completeness and consistency of information on applications. Additional clarification is possible in the "Remarks" section of both paper and electronic forms. Case managers should not restrict information because of space limitations on a form. Add whatever is needed.
- Copy all paper documents before handing them in to SSA.
- Though not a requirement, agencies should consider using their address as a mailing address for individuals during the application process. This facilitates communication.
- Module III is an overview of major issues that arise during the SSI application process. Further details about this process are covered in the Stepping Stones to Recovery companion manual, including information on trusts, transfer of assets, and countable income.

Worksheet 1

SSI & SSDI Non-Medical Documentation Checklist

(if not applicable, write N/A)

Name _____

DOB _____ SSN _____

Application date _____

SSI	SSDI
<i>All applicants:</i>	<i>All applicants:</i>
_____ Photo ID	_____ Birth certificate
_____ If own/rent, copy of mortgage/rent agreement	_____ Copy of any current pay stubs
_____ If he or she doesn't rent: name, address of person(s) providing in-kind help	_____ List of dependents
_____ List of dependents	_____ Proof of Worker's Compensation or State Disability Insurance Benefits (benefits letter or check stubs)
_____ Ownership of vehicle(s)	
_____ Copy of life insurance policy	
_____ Most recent bank account statement, including any joint bank accounts	
_____ Copy of certificates of deposit	
_____ Copy of stock/mutual fund certificates	
_____ Copy of bonds held in own name	
_____ Copy of any land/houses, etc., proof of ownership	
_____ Copy of burial contracts	
_____ Copy of any other household income: pay stubs, other benefits, child support	
<i>Immigrants:</i>	<i>Immigrants:</i>
_____ Proof of sponsorship — original	_____ Proof of sponsorship — original
_____ Proof of citizenship or alien status — original	_____ Proof of citizenship or alien status — original
_____ Birth certificate (may be required)	

Worksheet 2

SSI Income/Resource Worksheet

(if the income/resource does not apply, write N/A)

Name _____

DOB _____ SSN _____

Application date _____

Income	
Type	Date Submitted
<i>Earned</i>	
Wage stubs	
Tax return	
<i>Unearned</i>	
Benefit letters	
Court orders	
Alimony/child support receipts	
Bank statements (interest)	
Dividends/royalties	
Rental/lease income	

Resources	
Type	Date Submitted
Vehicles owned*	
Houses owned**	
Other property owned	
Life insurance policies	
Bank statements	
Investment statements	
Savings statements	
Burial expense set-aside	
Cemetery lot, crypt, etc.	

* One car or truck is fully excluded from resources if used for daily activities.

** A house that a person owns is excluded if the individual lives in it.

Sample Rental Loan Agreement

The following are examples of the two parts of a rental loan agreement. Both the person providing housing and the person receiving housing must sign the rental loan agreement.

TO BE COMPLETED BY THE PERSON PROVIDING HOUSING

On _____, I _____, agreed to allow _____ to live in my home on the condition that _____ would pay me back for the months stayed here once benefits are obtained. I am charging \$_____ per month rent, which is what I would charge anyone in a similar situation. If you have questions, please contact me at _____.

Date _____

Printed Name

Signature

TO BE COMPLETED BY APPLICANT

On _____, I moved into the home of _____ with the understanding that I would pay back rent to that date in the amount of \$_____ as soon as I receive any income benefits. In addition to the back payment, I understand that I would continue to pay \$_____ each month for the rest of the time I live there.

Date: _____

Printed Name

Signature

SSA-8000

SSI Application



APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

Do Not Write in This Space
DATE STAMP

I am/We are applying for Supplemental Security Income and any federally administered State supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

Filing Date (Month, Day, Year)

☐ Receipt ☐ Protective

☐ FS-SSA/APP ☐ FS-REFERRED

Preferred Language

Written: Spoken:

TYPE OF CLAIM ☐ Individual ☐ Individual with Ineligible Spouse ☐ Couple ☐ Child ☐ Child with Parents

PART I--BASIC ELIGIBILITY-- Answer the questions below beginning with the first moment of the filing date month.

1.	(a) First Name, Middle Initial, Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (month, day, year)	Social Security Number
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?		<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	
	(c) Other Name(s)		Other Social Security Number(s) Used	
	(d) If you are also filing for Social Security Benefits, go to #2; otherwise complete the following:			
	Mother's Maiden Name:		Father's Name:	Go to #2
2.	(a) Are you married?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #3		
	(b) Date of marriage: (month, day, year)			
	(c) Spouse's Name (First, middle initial, last)	Birthdate (month, day, year)	Social Security Number	
	(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?		<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to (f)	
	(e) Other Name(s)		Other Social Security Number(s) Used	
	(f) Are you and your spouse living together?		<input type="checkbox"/> YES Go to #3 <input type="checkbox"/> NO Go to (g)	
	(g) Date you began living apart : (month, day, year)			

4. (g) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or conditions, or deceased?

☐ YES Parent's Name: _____
 Social Security Number: _____
 Address: _____

☐ NO Go to #5

5.	Birthplace	City	State	Country (if other than the U.S.)
	You			
	Your Spouse, if filing			

Go to #6

6. Are you a United States citizen by birth?	You	Your Spouse, if filing
	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> YES Go to #12
	<input type="checkbox"/> NO Go to #7	<input type="checkbox"/> NO Go to #7
7. Are you a naturalized United States citizen?	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> YES Go to #12
	<input type="checkbox"/> NO Go to #8	<input type="checkbox"/> NO Go to #8
8. (a) Are you an American Indian born outside the United States?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> YES Go to (b)
	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> NO Go to (c)

(b) Check the block that shows your American Indian status.

You	Your Spouse, if filing
<input type="checkbox"/> American Indian born in Canada Go to #12	<input type="checkbox"/> American Indian born in Canada Go to #12
<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #12	<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #12
<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)	<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)

(c) Check the block below that shows your current immigration status

You	Your Spouse, if filing
<input type="checkbox"/> Amerasian Immigrant Go to #9	<input type="checkbox"/> Amerasian Immigrant Go to #9
<input type="checkbox"/> Lawful Permanent Resident Go to #9	<input type="checkbox"/> Lawful Permanent Resident Go to #9
<input type="checkbox"/> Refugee Date of entry: Go to #11	<input type="checkbox"/> Refugee Date of entry: Go to #11
<input type="checkbox"/> Asylee Date status granted: Go to #11	<input type="checkbox"/> Asylee Date status granted: Go to #11
<input type="checkbox"/> Conditional Entrant Date status granted: Go to #11	<input type="checkbox"/> Conditional Entrant Date status granted: Go to #11
<input type="checkbox"/> Parolee for One Year Go to #11	<input type="checkbox"/> Parolee for One Year Go to #11
<input type="checkbox"/> Cuban/Haitian Entrant Go to #11	<input type="checkbox"/> Cuban/Haitian Entrant Go to #11
<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #11	<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #11
<input type="checkbox"/> Other Explain in Remarks, then Go to (d)	<input type="checkbox"/> Other Explain in Remarks, then Go to (d)

8.	(d) If you have status, or have applied for status as the spouse, child, or parent of a child of a US citizen, or lawfully admitted permanent resident alien, Go to #10; otherwise Go to #12.		
9.	If you are lawfully admitted for permanent residence:		
	(a) Date of Admission	You (month, day, year)	Your Spouse (month, day, year)
	(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)
	(c) Give the following information about the person, institution, or group, then Go to (d):		
	Name	Address	Telephone Number
			() -
	(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	You Status:	Your Spouse, if filing Status:
		(month, day, year) From:	(month, day, year) From:
		To:	To: Go to (e)
	(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11
	(f) Name and Social Security Number of parent(s) who worked.		
	Name	Social Security Number	
	Name	Social Security Number	
10.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12
	(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> YES Go to #11 <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to #11 <input type="checkbox"/> NO Go to #12
11.	Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	<input type="checkbox"/> YES Explain in #57(b), then Go to #12 <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Explain in #57(b), then Go to #12 <input type="checkbox"/> NO Go to #12
12.	(a) When did you first make your home in the United States?	(month, day, year)	(month, day, year)
	(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #13	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #13
	(c) Give the dates of residence outside the United States.	(month, day, year) From: To:	(month, day, year) From: To:
13.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #14	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #14

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the United States.	Date Left: Date Returned:	Date Left: Date Returned:
IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #14. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #14; OTHERWISE GO TO #15.			
14.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> No Go to #15	
	(b) Eligible Alien's Name	Eligible Alien's Social Security Number Go To #15	
15.	(a) Do you have any unsatisfied felony warrants for your arrest?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #16	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #16
	(b) In which state or country was this warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16
	(d) Date warrant satisfied	month, date, year	month, date, year
16.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17
	(b) In which state or country was the warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17
	(d) Date warrant satisfied	month, day, year	month, day, year

PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.

17.	Check the block which best describes your present living situation:	
<input type="checkbox"/> Household	Since (month, day, year)	Go to #22
<input type="checkbox"/> Non-Institutional Care	Since (month, day, year)	Go to #20
<input type="checkbox"/> Institution	Since (month, day, year)	Go to #18
<input type="checkbox"/> Transient	Since (month, day, year)	Go to #35

INSTITUTION

18. Check the block that identifies the type of institution where you currently reside, then Go to #19:

☐ School☐ Rehabilitation Center☐ Hospital☐ Jail☐ Rest or Retirement Home☐ Other (Specify)☐ Nursing Home

19. Give the following information about the INSTITUTION:

(a) Name of institution:

(b) Date of admission:

(c) Date you expect to be released from this institution:

Go to #35

NON-INSTITUTIONAL CARE

20. Check the block that best describes your current residence, then Go to #21:

☐ Foster Home☐ Group Home☐ Other (Specify)

21. Give the following information about your Noninstitutional Care:

(a) Name of facility where you live:

(b) Name of placing agency

Address

Telephone Number

() -

(c) Does this agency pay for your room and board?

☐ YES

Go to #35

☐ NO

If NO, who pays? _____

Go to #35

HOUSEHOLD ARRANGEMENTS

22. Check the block that describes your current residence, then Go to #23:

☐ House☐ Mobile Home☐ Apartment☐ Houseboat☐ Room (private home)☐ Other (Specify)☐ Room (commercial establishment)

23. Do you live alone or only with your spouse?

☐ YES Go to #25☐ NO Go to #24

24. (a) Give the following information about everyone who lives with you:

Name	Relationship	Public Assistance		Sex		Birthdate mm/dd/yy	Blind or Disabled		If Under 22				Social Security Number
		YES	NO	M	F		YES	NO	Married YES NO	Student YES NO			

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #25.

(b) Does anyone listed in 24(a) who is under age 18, OR between ages 18-22 and a student, receive income?

☐ YES Go to (c)

☐ NO Go to #25

(c) Child Receiving Income	Source and Type	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$

25. (a) Do you (or does anyone who lives with you) own or rent the place where you live?

☐ YES Go to #26

☐ No Go to (b)

30.	(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #31	<input type="checkbox"/> NO Go to (b)
	(b) Do you buy all your food separately from other household members:	<input type="checkbox"/> YES Go to #31	<input type="checkbox"/> NO Go to #31
31.	Do you contribute to household expenses?		
	<input type="checkbox"/> YES Average Monthly Amount: \$ _____ Go to #32 <input type="checkbox"/> NO Go to #32		
32.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #32(d)
	(b) Give the name, address and telephone number of the person with whom you have a loan agreement :		
	(c) Will the amount of this loan cover your share of the household expenses?	<input type="checkbox"/> YES Go to #35	<input type="checkbox"/> NO Go to (d)
	(d) If you contribute toward household expenses and you answered "NO" to both 30(a) & (b), Go To #33. If you answered "YES" to either 30(a) or 30(b), Go to #34. If you do not contribute toward household expenses, go to #35.		
33.	(a) Is part or all of the amount in #31 just for food?		
	<input type="checkbox"/> YES Give Amount: \$ _____ Go to (b) <input type="checkbox"/> NO Go to (b)		
	(b) Is part or all of the amount in #31 just for shelter?		
	<input type="checkbox"/> YES Give Amount: \$ _____ Go to #34 <input type="checkbox"/> NO Go to #34		
34.	What is the average monthly amount of the following household expenses: (Show average over the past 12 months unless you have been residing at your present address less than 12 months. If so, show average for the months you have resided at your present address.)		
	CASH EXPENSES	AVERAGE MONTHLY AMOUNT	
	Food (complete only if #30(a) & (b) are answered NO)	\$ _____	
	Mortgage or Rent	\$ _____	
	Property Insurance (if required by mortgage lender)	\$ _____	
	Real Property Taxes	\$ _____	
	Electricity	\$ _____	
	Heating Fuel	\$ _____	
	Gas	\$ _____	
	Sewer	\$ _____	
	Garbage Removal	\$ _____	
	Water	\$ _____	
	TOTAL	\$ _____	

Go to #35

35. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?

☐ YES Name of Provider (Person or Agency) _____

List of Items _____

Monthly Value: \$ _____

☐ NO Go to (b)

(b) Does anyone who does NOT LIVE with you give you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?

☐ YES Name of Provider (Person or Agency) _____

List of Items _____

Monthly Value: \$ _____

☐ NO Go to #36

36. (a) Has the information given in #17-35 been the same since the first moment of the filing date month?

☐ YES Go to (b) ☐ NO Explain in Remarks, then Go to (b)

(b) Do you expect any of this information to change?

☐ YES Explain in Remarks, then Go to #37 ☐ NO Go to #37

PART III-RESOURCES-The questions in this section pertain to the first moment of the filing date month.

37.	(a) Do you own or does your name appear on, either alone or with other people, the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?	<input type="checkbox"/> YES Go to (b)	You <input type="checkbox"/> NO Go to #38	Your Spouse, if filing <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #38
-----	---	---	--	--	--

(b) Owner's Name	Description (Year, Make & Model)	Used For	Current Market Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

38.	(a) Do you own or are you buying any life insurance policies?	<input type="checkbox"/> YES Go to (b)	You <input type="checkbox"/> NO Go to #39	Your Spouse, if filing <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #39
-----	---	---	--	--	--

38.	(b) Owner's Name		Name of Insured	Name & Address of Insurance Company	Policy Number			
	Policy (#1)							
	Policy (#2)							
	Policy (#3)							
	Face Value		Cash Surrender Value	Date of Purchase	Dividends		Accumulations	
					YES	NO	YES	NO
	Policy (#1)	\$	\$					
	Policy (#2)	\$	\$					
	Policy (#3)	\$	\$					
	(c) Loans Against Policy? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Policy Number: _____								
Amount: \$ _____ Go to #39								

39.	(a) Do you (either alone or jointly with any other person) own any:		You		Your Spouse	
			YES	NO	YES	NO
	Life estates or ownership interest in an unprobated estate?					
	Items acquired or held for their value as an investment?					
	(b) Give the following information for any "Yes" answer in #39(a); otherwise, Go to #40.					
Owner's Name	Name of Item	Value	Amount Owed	Give Name & Address of Bank or Other Organization		
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

40.	(a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?	You		Your Spouse	
		YES	NO	YES	NO
	-Cash at home, with you, or anywhere else				
	-Financial Institution Accounts				
	Checking				
	Savings				
	Credit Union				
	Christmas Club				
	Time Deposits/Certificates of Deposit				
	Individual Indian Money Account				
-Other (Including IRAs and Keough Accounts)					

(b) If all the items in #40(a) are answered "NO", Go to #41. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		
		\$		

41.	(a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?	You		Your Spouse	
		YES	NO	YES	NO
	-Stocks or Mutual Funds				
	-Bonds (Including U.S. Savings Bonds)				
	-Promissory Notes				
	-Trusts				
-Other items that can be turned into cash					

41. (b) If all the items in #41(a) are answered "NO", Go to #42. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		

(c) Do you give us permission to obtain any of your financial records from any financial institution?

You
☐ YES ☐ NO

Your Spouse, if filing
☐ YES ☐ NO

42. (a) Do you have any land, houses, buildings, real property, property in a foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or for your heirs, or any other property of any kind that has not been shown anywhere else on the application?

You
☐ YES ☐ NO
 Go to (b) Go to #43

Your Spouse, if filing
☐ YES ☐ NO
 Go to (b) Go to #43

(b) Describe the property (including size, location, and how it is used. If not used now, when was it last used and what is next planned use.)

Item #1

Item #2

Owner's Name	Estimated Current Market Value	Tax Assessed Value	Mortgage	Owed on Item
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

43. (a) Have you or your spouse acquired any assets since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)
(b) Explain:	
(c) Has there been any increase or decrease in the value of you or your spouse's resources since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #44
(d) Explain:	

44. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, (including money or property in foreign countries), since the first moment of the filing date month or within the 36 months prior to the filing date month?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)
(b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #45.

(c)	OWNER'S/CO-OWNERS NAME	DESCRIPTION OF PROPERTY	DATE OF DISPOSAL
ITEM #1			
ITEM #2			
ITEM #3			
	NAME AND ADDRESS OR PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT
ITEM #1			\$
ITEM #2			\$
ITEM #3			\$
	SALES PRICE OR OTHER CONSIDERATION	ARE OTHER CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN.	DO YOU STILL OWN PART OF THE PROPERTY?
ITEM #1			
ITEM #2			
ITEM #3			
	SOLD ON OPEN MARKET?	GIVEN AWAY?	TRADED FOR GOODS/SERVICES?
ITEM #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ITEM #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ITEM #3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

45.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any items mentioned in #38 and #40-44.	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #46		Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #46	
(b) DESCRIPTION (Where appropriate, give name & address of organization and account/policy number.)		VALUE	WHEN SET ASIDE (month, day, year)	OWNER'S NAME	
Item 1		\$			
Item 2		\$			
FOR WHOSE BURIAL		IS ITEM IRREVOCABLE?		WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?	
Item 1		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES Go to #46 Go to #46 <input type="checkbox"/> NO Explain in (c)	
Item 1		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES Go to #46 <input type="checkbox"/> NO Explain in (c)	
(c) EXPLANATION					

46.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums, or other repositories for burial or any headstones or markers?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #47		Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #47	
(b) Owner's Name		Description	For Whose Burial	Relationship to You or Your Spouse	Current Market Value
					\$
					\$
					\$

Go to #47

47.	(a) Since the first moment of the filing date month, have you (or your spouse) received or do you (or your spouse) expect to receive income in the next 14 months from any of the following sources?	You		Your Spouse	
		YES	NO	YES	NO
	State or Local Assistance Based on Need				
	Refugee Cash Assistance				
	Temporary Assistance for Needy Families				
	General Assistance from the Bureau of Indian Affairs				
	Disaster Relief				
	Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)				
	Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)				
	Other Income Based on Need				
	Social Security				
	Black Lung				
	Railroad Retirement Board Benefits				
	Office of Personnel Management (Civil Service)				
	Pension (Military, State, Local, Private, Union, Retirement or Disability)				
	Military Special Pay or Allowance				
	Unemployment Compensation				
	Workers' Compensation				
	State Disability				
	Insurance or Annuity Payments				
	Dividends/Royalties				
	Rental/Lease Income Not from a Trade or Business				
	Alimony				
	Child Support				
	Other Bureau of Indian Affairs Income				
	Gambling/Lottery Winnings				
	Other Income or Support				

47. (b) Give the following information for any block checked YES in #47(a); otherwise, Go to #48

Person Receiving Income	Type of Income	Amount Received	Frequency of Payment	Date Expected or Received	Source (Name, Address of Person, Bank, Organization, or	Identifying Number
		\$				
		\$				
		\$				

IF YOU EVER RECEIVED SSI BEFORE, GO TO #48; OTHERWISE GO TO #49

48. Are any overpayments being collected from benefits you receive from the Social Security Administration, Railroad Retirement Board, Office of Personnel Management, Veterans' Affairs, Military Pensions, Military Special Pay Allowances, Black Lung, Workers' Compensation, or State Disability or Unemployment Benefits?	You		Your Spouse, if filing	
	<input type="checkbox"/> YES Explain in Remarks, then Go to #49	<input type="checkbox"/> NO Go to #49	<input type="checkbox"/> YES Explain in Remarks, then Go to #49	<input type="checkbox"/> NO Go to #49

49. Since the first moment of the filing date month, have you received or do you expect to receive any meals or other gifts which are not cash?	<input type="checkbox"/> YES Explain in Remarks, then Go to #50		<input type="checkbox"/> NO Go to #50	
	<input type="checkbox"/> YES Explain in Remarks, then Go to #50		<input type="checkbox"/> NO Go to #50	

50. (a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?	<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to (e)	
	<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> NO Go to (e)	

(b) Name and Address of Employer (include telephone number and area code, if known)

You	Your Spouse
Go to (c)	Go to (c)

(c)	Date last worked (month, day, year)	Date last paid (month, day, year)	Date next paid (month, day, year)
-----	-------------------------------------	-----------------------------------	-----------------------------------

You			
------------	--	--	--

Your Spouse			
--------------------	--	--	--

(d) Total monthly wages received (before any deductions)	Your Amount	Your Spouse's Amount
	\$	\$

(e) Do you (or your spouse) expect to receive any wages in the next 14 months?	You		Your Spouse, if filing	
	<input type="checkbox"/> YES Go to (f)	<input type="checkbox"/> NO Go to #51	<input type="checkbox"/> YES Go to (f)	<input type="checkbox"/> NO Go to #51

(f) Name and address of employer if different from #50(b) (include telephone number, if known)

You	Your Spouse

50.	(g) Give the following information:					
RATE OF PAY		AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (month, day, year)	
You	\$					
Your Spouse	\$					
(h) Do you expect any change in wage information provided in #50(g)			You <input type="checkbox"/> YES Go to (i) <input type="checkbox"/> NO Go to #51		Your Spouse, if filing <input type="checkbox"/> YES Go to (i) <input type="checkbox"/> NO Go to #51	
(i) Explain Change:						
You			Your Spouse			

51.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?		You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #52		Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #52	
(b) Give the following information; then Go to #52						
Date(s) Self-Employed		Type of Business	Last Year's: Gross Income \$	Last Year's: Net Profit \$	Last Year's: Net Loss \$	
Date(s) Self-Employed		Type of Business	This Year's: Gross Income \$	This Year's: Net Profit \$	This Year's: Net Loss \$	

52.	If you or your spouse are blind or disabled, do you have any special expenses that you paid which are necessary for you to work?		You <input type="checkbox"/> YES Explain in Remarks; then Go to #53 <input type="checkbox"/> NO Go to #53		Your Spouse, if filing <input type="checkbox"/> YES Explain in Remarks; then Go to #53 <input type="checkbox"/> NO Go to #53	
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53.	(a) Does your spouse/parent who lives with you have to pay court-ordered support?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to NOTE	
(b) Give amount and frequency of court-ordered support payment.			Amount: \$	Frequency: <div style="text-align: right;">Go to (c)</div>
(c) Give the following information about the person who receives these payments:			Name:	Address:

NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #54; OTHERWISE, GO TO #55.

54.	(a) Have you attended school regularly since the filing date month?	<input type="checkbox"/> YES Go to (d)		<input type="checkbox"/> NO Go to (b)	
	(b) Have you been out of school for more than 4 calendar months?	<input type="checkbox"/> YES Go to (c)		<input type="checkbox"/> NO Go to (c)	
	(c) Do you plan to attend school regularly during the next 4 months?	<input type="checkbox"/> YES Explain absence in Remarks and Go to (d)		<input type="checkbox"/> NO Go to #55	
	Name of School	Name of School Contact	Dates of Attendance From To		Course of Study
		Phone Number	Hours Attending or Planning to Attend		

PART V - POTENTIAL ELIGIBILITY FOR FOOD STAMPS/MEDICAL ASSISTANCE/OTHER BENEFITS - If a California resident, Skip to #56

55.	(a) Are you currently receiving food stamps?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)		Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)	
	(b) Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #56		<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #56	
	(c) Have you filed for food stamps in the last 60 days?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to (e)		<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to (e)	
	(d) Have you received an unfavorable decision?	<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #56		<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to #56	
	(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #56.				
	(f) May I take your food stamp application today?	<input type="checkbox"/> YES Go to #56 <input type="checkbox"/> NO Explain in (g)		<input type="checkbox"/> YES Go to #56 <input type="checkbox"/> NO Explain in (g)	
	(g) Explanation:				

56. You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who is your legal responsibility. This includes information to help the State determine who a child's father is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b).

(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #57		Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #57	
(b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (c)		<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (c)	
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?	<input type="checkbox"/> YES Go to #57 <input type="checkbox"/> NO Go to #57		<input type="checkbox"/> YES Go to #57 <input type="checkbox"/> NO Go to #57	

PART VI -- MISCELLANEOUS -- (Answer #58 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE: OTHERWISE GO TO #59.			
58.	(a) Name of Person/Agency Requesting Benefits.	Relationship to Claimant	Your Social Security Number (or EIN)
(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) </div>	

PART VII -- REMARKS--(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PART VIII -- IMPORTANT INFORMATION AND SIGNATURES**59. IMPORTANT INFORMATION--PLEASE READ CAREFULLY**

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

60. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives false information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Your Signature (First name, middle initial, last name) (Sign in ink.)

Date (month, day, year)

**SIGN
HERE**



Telephone Number(s) where we can contact you during the day:

() -

Spouse's Signature (Sign only if applying for payments.) (First name, middle initial, last name) (Sign in ink.)

**SIGN
HERE**



61. Applicant's Mailing Address (Number & Street, Apt. No. P.O. Box, Rural Route)

City and State

ZIP Code

County

62. Claimant's Residence Address (If different from applicant's mailing address)

City and State

ZIP Code

County

**63. FOR
OFFICIAL
USE
ONLY**

DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)

Routing Transit Number

C/S Number

Depositor Account

☐ No Account

☐ Direct Deposit
Refused

64. If you are blind, check the type of mail you want to receive from us.

☐

Certified

☐

Regular

☐

Regular with a Follow-up phone call

65. WITNESS

Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you, must sign below giving their full address.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

Address (Number and Street, City, State, and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	Date

If you have a question or something to report call: Social Security Office you may visit or mail your request to:

() -

For general information about Social Security, visit our website at www.socialsecurity.gov on the Internet.

We will process your application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or notice of determination within that time, please get in touch with us.

PAPERWORK/PRIVACY ACT NOTICE

Section 1631(e) of the Social Security Act authorizes the collection of information requested on this form. The information you provide will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income payments. You do not have to give us the information requested. However, if you do not provide the information, we will be unable to make an accurate and timely decision on your claim which may result in loss of some payments. We may provide information collected on this form to another Federal, State, or local government agency to assist us in determining your eligibility for SSI payments or if a Federal law requires the release of information.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies and financial institutions. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the *Paperwork Reduction Act of 1995*. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income (SSI) check is based on the information told to us. You must tell Social Security every time there is a change-while we process your application AND if you start receiving SSI.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or child who lives with you or your sponsor or sponsor's spouse, if you are an alien. You must also report changes in the things of value that these people own. You must also report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.

HOW TO REPORT

You may make your reports:

- By telephone at the telephone number shown above or call us toll free at 1-800-772-1213 or
- In person or
- By mail at the address shown above.

CHANGES TO REPORT

☐ WHERE YOU LIVE --You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. (For example, you enter a hospital or visit a relative.)
- You are admitted to (for a calendar month or longer), or released from, a hospital or nursing home, jail, prison, or other correctional facility or other institution.
- You leave the United States for 30 consecutive days.
- You are no longer a legal resident of the United States

☐ HOW YOU LIVE -You must report to Social Security:

- If anyone moves into or out of your household.
- If the amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your spouse or former spouse dies.
- Your marital status changes:
--You get married, separated, divorced, or your marriage is annulled.
--You begin living with someone as husband and wife.

☐ INCOME-You must report to Social Security if you, your spouse/your parent(s):

- Start to receive money (or checks or any other type of payment) from someone or someplace.
- Have a change in the amount of money you receive.
- Begin to receive child support payments or those payments go up or down.
- Win money from gambling or a lottery.
- Start work or stop work.
- Earn more or less money. (**Keep all paystubs** and provide them to SSA when requested.)
- Become eligible for benefits other than SSI.

☐ HELP YOU GET FROM OTHERS -You must report to Social Security if:

- The amount of help (money or food, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

☐ THINGS OF VALUE THAT YOU OWN -You must report to Social Security if:

- The value of things that you own goes over \$2000 when you add them all together (\$3000 if you are married and live with your spouse).
- You sell or give any thing of value away.
- You buy or are given anything of value.

☐ YOU ARE BLIND OR DISABLED-You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.

☐ IF YOU ARE UNDER AGE 18 AND YOU ARE LIVING WITH YOUR PARENTS-A report to Social Security must be made if:

- Your parents have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.

☐ YOU ARE UNMARRIED AND UNDER AGE 22 - A report to Social Security must be made if:

- You start or stop school
- You get married or divorced
- You start or stop working

☐ YOUR IMMIGRATION STATUS CHANGES-

- You must report any changes to Social Security.

☐ YOU ARE SELECTED AS A REPRESENTATIVE PAYEE -You must report to Social Security if:

- The person for whom you receive SSI checks has any changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

☐ IF A WARRANT HAS BEEN ISSUED FOR YOUR ARREST -You must report to Social Security if:

- Your warrant is for a crime or an attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year); or
- Your warrant is for a violation of probation or parole under Federal or State law.

SSA-16

SSDI Application



APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

I apply for a period of disability and/or all insurance benefits for which I am eligible under title II and part A of title XVIII of the Social Security Act, as presently amended.

1.	PRINT your name _____ FIRST NAME, MIDDLE INITIAL, LAST NAME
2.	Enter your Social Security Number _____ / _____ / _____
3.	Check (X) whether you are _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
4.	If this claim is awarded, do you want a password to use SSA's Internet/phone service? <input type="checkbox"/> Yes <input type="checkbox"/> No

Answer question 5 if English is not your preferred language. Otherwise, go to item 6.

5.	Enter the language you prefer to: speak _____ write _____
6.	(a) Enter your date of birth _____ MONTH, DAY, YEAR
	(b) Enter name of State or foreign country where you were born. _____
	(c) Was a public record of your birth made before you were age 5? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	(d) Was a religious record of your birth made before you were age 5? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7.	(a) Are you a U.S. citizen? _____ Go to item 8 <input type="checkbox"/> Yes <input type="checkbox"/> No Go to item (b)
	(b) Are you an alien lawfully present in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	(a) Enter your name at birth if different from item (1) _____
	(b) Have you used any other names? _____ Go to (c) <input type="checkbox"/> Yes <input type="checkbox"/> No Go to item 9
	(c) Other name(s) used. _____
9.	(a) Have you used any other Social Security number(s)? _____ Go to (b) <input type="checkbox"/> Yes <input type="checkbox"/> No Go to item 10
	(b) Enter Social Security number(s) used. _____ / _____ / _____
10.	Enter the date you became unable to work because of your illness, injuries, or conditions. _____
11.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? _____ (If "Yes," answer (b) and (c).) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If "No," or "Unknown," go to item 12.)
	(b) Enter name of person on whose Social Security record you filed the other application. _____
	(c) Enter Social Security Number of person named in (b). _____ If unknown, check this block. <input type="checkbox"/> _____ / _____ / _____

Answer item 12, if you have been in the military service. Otherwise, go to item 13.

12.	(a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? _____	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No (If "No," go to item 13.)
	(b) Enter dates of service _____	FROM: (Month, Year)	TO: (Month, Year)
	(c) Have you <u>ever</u> been (or will you be) eligible for a monthly benefit from a military or civilian Federal agency? (Include Veterans Administration benefits <u>only</u> if you waived military retirement pay.) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Have you or your spouse worked in the railroad industry for 5 years or more? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security System? _____	<input type="checkbox"/> Yes (If "Yes," answer (b).)	<input type="checkbox"/> No (If "No," go to item 15.)
	(b) List the country(ies): _____		
15.	(a) Are you entitled to, or do you expect to become entitled to, a pension or annuity based on your work after 1956 not covered by Social Security? _____	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No (If "No," go on to item 24.)
	(b) <input type="checkbox"/> I became entitled, or expect to become entitled, beginning _____	MONTH	YEAR
	(c) <input type="checkbox"/> I became eligible, or expect to become eligible, beginning _____	MONTH	YEAR

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I become entitled to a pension or annuity based on my employment after 1956 not covered by Social Security, or if such pension of annuity stops.

16.	(a) Have you ever been married? _____	<input type="checkbox"/> Yes Go to (b)	<input type="checkbox"/> No Go to item 17
	(b) To whom married	When (Month, day, year)	Where (Name of City and State)
Current or Last Marriage	How marriage ended (If still in effect, write "Not Ended.")	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (If none or unknown, so indicate) ____ / ____ / ____		

Give the following information about each of your previous marriages. (If none, write "NONE.")

	(c) To whom married	When (Month, day, year)	Where (Name of City and State)
Your previous marriage	How marriage ended	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (If none or unknown, so indicate) ____ / ____ / ____		

Use "Remarks" space for information about any other marriages.

17.	If your claim for disability benefits is approved, your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on your earnings record.			
	List below: FULL NAME OF ALL such children who are now or were in the past 12 months UNMARRIED and: <ul style="list-style-type: none"> • UNDER AGE 18 • AGE 18 TO 19 AND ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL-TIME • DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22) 			
18.	(a) Did you have wages or self-employment income covered under Social Security in all years from 1978 through last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," go to item 19.) (If "No," answer (b).)	
	(b) List the years from 1978 through last year in which you did not have wages or self-employment income covered under Social Security.			
19.	(a) Enter below the names and addresses of all the persons, companies, or Government agencies for whom you have worked this year and last year. IF NONE, WRITE "NONE" BELOW AND GO TO ITEM 20.			
	NAME AND ADDRESS OF EMPLOYER <small>(If you had more than one employer, please list them in order beginning with your last (most recent) employer)</small>		Work Began <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div>	
			Work Ended <small>(If still working show "Not Ended")</small> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div>	
	(If you need more space, use "Remarks".)			
	(b) Are you an officer of a corporation or related to an officer of a corporation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	May the Social Security Administration or State agency reviewing your case, ask your employers for information needed to process the claim? _____→		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Complete item 21 even if you were an employee.			
	(a) Were you self-employed this year or last year? _____→		<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around;"> <div>Go to (b)</div> <div>Go to item 22</div> </div>	
	(b) Check the year (or years) you were self-employed	In what type of trade/business were you self-employed? <small>(For example, storekeeper, farmer, physician)</small>	Were your net earnings from the trade or business \$400 or more? <small>(Check "Yes" or "No")</small>	
	<input type="checkbox"/> This year			
	<input type="checkbox"/> Last year		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.	(a) How much were your total earnings last year? Count both wages and self-employment income. If none, write "None." _____→		Amount \$ _____	
	(b) How much have you earned so far this year? (If none, write "None.") _____→		Amount \$ _____	
23.	Check if applicable:			
	<input type="checkbox"/> Please compute my benefits and complete my claim without using recent earnings that are not yet included on my (the deceased's, if applicable) earnings record. I understand that the earnings record will be updated automatically within 24 months and that any increase in benefits resulting from these earnings will be paid with the full retroactivity.			


24.	What are the illnesses, injuries, or conditions that limit your ability to work? (Give a brief description.)	
25.	(a) Are you still unable to work because of your illnesses, injuries, or conditions? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to item 26 Go to (b)
	(b) Enter the date you became able to work. _____	MONTH, DAY, YEAR

**IMPORTANT INFORMATION ABOUT DISABILITY INSURANCE BENEFITS
PLEASE READ CAREFULLY**

SUBMITTING MEDICAL EVIDENCE: I understand that I must provide medical evidence about my disability and I may be asked to assist the Social Security Administration in obtaining the evidence. I understand that I may be requested by the State Disability Determination Services to have a consultative examination at the expense of the Social Security Administration and that if I do not go, my claim may be denied.

26.	Are your illnesses, injuries, or conditions related to your work in any way? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	(a) Have you filed, or do you intend to file, for any other public disability benefits (including workers' compensation, Black Lung benefits and SSI)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to(b) Go to item 28
	(b) The other public disability benefit(s) you have filed (or intend to file) for is (Check as many as apply):	
	<input type="checkbox"/> Veterans Administration Benefits <input type="checkbox"/> Welfare <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other (If "Other," complete a Workers' Compensation/Public Disability Benefit Questionnaire)	
28.	(a) Did you receive any money from an employer(s) on or after the date in item 11 when you became unable to work because of your illnesses, injuries, or conditions? If "Yes", give the amounts and explain in "Remarks". _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____
	(b) Do you expect to receive any additional money from an employer, such as sick pay, vacation pay, other special pay? If "Yes," please give amounts and explain in "Remarks". _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____
29.	Do you, or did you, have a child under age 3 (your own or your spouse's) living with you in one or more calendar years when you had no earnings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Do you have a dependent parent who was receiving at least one-half support from you when you became unable to work because of your disability? If "Yes," enter the parent's name and address and social security number, if known, in "Remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	If you were unable to work before age 22 because of an illness, injury or condition, do you have a parent (including adoptive or stepparent) or grandparent who is receiving social security retirement or disability benefits or who is deceased? If yes, enter the name(s) and social security number, if known, in "Remarks" (if unknown, write "Unknown").	
32.	Do you have any unsatisfied felony warrants for your arrest? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Do you have any unsatisfied Federal or State warrants for your arrest for violating the conditions of your probation or parole? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SIGNATURE OF APPLICANT	Date (Month, Day, Year)
Signature (First name, middle initial, last name) (Write in ink)	Telephone Number(s) at which you may be contacted during the day. (Include the area code)
SIGN HERE 	

Direct Deposit Payment Address (<i>Financial Institution</i>)			
Routing Transit Number	C/S	Depositor Account Number	<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused

City and State	ZIP Code	County (<i>if any</i>) in which you now live
----------------	----------	--

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State and ZIP Code)	Address (Number and street, City, State and ZIP Code)

FOR YOUR INFORMATION

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on your claim. In some cases, it is necessary for them to get additional information about your condition or to arrange for you to have a medical examination at Government expense.

Collection and Use of Information From Your Application — Privacy Act Notice/Paperwork Act Notice

The Social Security Administration is authorized to collect the information requested on this form under sections 202, 205, and 223 of the Social Security Act. The information you provide will be used by the Social Security Administration to determine if you or a dependent is eligible to insurance coverage and/or monthly benefits. You do not have to give us the requested information. However, if you do not provide the information, we will be unable to make an accurate and timely decision concerning your entitlement or a dependent's entitlement to benefit payments.

The information you provide may be disclosed to another Federal, State, or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for performance of research and statistical activities, or to the Department of Justice for use in representing the Federal government.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA,6401Security Blvd., Baltimore MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

PERSON TO CONTACT ABOUT YOUR CLAIM	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER (INCLUDE AREA CODE)		
<p>Your application for Social Security disability benefits has been received and will be processed as quickly as possible.</p> <p>You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.</p> <p>In the meantime, if you change your address, or if there is</p>		
<p>some other change that may affect your claim, you — or someone for you — should report the change. The changes to be reported are listed below.</p> <p>Always give us your claim number when writing or telephoning about your claim.</p> <p>If you have any questions about your claim, we will be glad to help you.</p>		
CLAIMANT	SOCIAL SECURITY CLAIM NUMBER	

CHANGES TO BE REPORTED AND HOW TO REPORT FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID

- ▶ You change your mailing address for checks or residence. *To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.*
- ▶ Your citizenship or immigration status changes.
- ▶ You go outside the U.S.A. for 30 consecutive days or longer.
- ▶ Any beneficiary dies or becomes unable to handle benefits.
- ▶ Custody Change—Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- ▶ You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.
- ▶ You become entitled to a pension or annuity based on your employment after 1956 not covered by Social Security, or if such pension or annuity stops.
- ▶ Your stepchild is entitled to benefits on your record and you and the stepchild's parent divorce. Stepchild benefits are not payable beginning with the month after the month the divorce becomes final.
- ▶ You have an unsatisfied warrant for your arrest for a crime or attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year).
- ▶ You have an unsatisfied warrant for a violation of probation or parole under Federal or State law.
- ▶ Change of Marital Status—Marriage, divorce, annulment of marriage. You must report marriage even if you believe that an exception applies.
- ▶ You return to work (as an employee or self-employed) regardless of amount of earnings.
- ▶ Your condition improves.
- ▶ You are under age 65 and you apply for or begin to receive workers' compensation (including black lung benefits) or another public disability benefit, or the amount of your present workers' compensation or public disability benefit changes or stop, or you receive a lump-sum settlement

HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Calling us TOLL FREE at 1-800-772-1213.
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address above.

For general information about Social Security, visit our web site at www.socialsecurity.gov.

SSA-1696

Appointment of Representative



COMPLETING THIS FORM TO APPOINT A REPRESENTATIVE

Choosing To Be Represented

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would with you. It is important that you select a qualified person because, once appointed, your representative may act for you in most Social Security matters. We give more information, and examples of what a representative may do, on the back of the "Claimant's Copy" of this form.

Privacy Act Notice

Sections 206(a) and 1631(d) of the Social Security Act authorize the collection of information on this form. Providing the information is voluntary. However, if you want to appoint someone to act on your behalf in matters before the Social Security Administration, then you and that individual must complete the appropriate sections of this form. The information is needed to verify your appointment of the individual as your representative and his/her acceptance of the appointment.

We may provide information collected on this form to another Federal, State, or local government agency to assist us in verifying any information you provide, or if a Federal law requires the release of information. We may also use the information you give us when we match records with those of other Federal, State, or local government agencies. The law allows us to do this even if you do not agree to it.

With your permission, your representative may designate an associate or other party to request and receive information from your claim file on your representative's behalf.

Information about these and other reasons why any information you provide us may be used or given out is available in any Social Security office. If you want to learn more about this, contact any Social Security office.

How To Complete This Form

Please print or type. At the top, show your full name and your Social Security number. If your claim is based on another person's work and earnings, also show the "wage earner's" name and Social Security number. If you appoint more than one person, you may want to complete a form for each of them.

Part I Appointment of Representative

Give the name and address of the person(s) you are appointing. You may appoint an attorney or any other qualified person to represent you. You also may appoint more than one person, but see "What Your Representative(s) May Charge" on the back of the "Claimant's Copy" of this form. You can appoint one or more persons in a firm, corporation, or other organization as your representative(s), but you may not appoint a law firm, legal aid group, corporation, or organization itself.

Check the block(s) showing the program(s) under which you have a claim. You may check more than one block. Check:

- Title II (RSDI), if your claim concerns retirement, survivors, or disability insurance benefits.
- Title XVI (SSI), if your claim concerns supplemental security income.

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- Title XVIII (Medicare Coverage), if your claim concerns entitlement to Medicare or enrollment in the Supplementary Medical Insurance (SMI) plan.

If your representative has your permission to designate an associate, such as a clerk, other party, or entity, such as a copying service, to receive information for him or her from us about your claim(s), check the block to authorize this release.

If you will have more than one representative, check the block and give the name of the person you want to be the main representative.

Sign your name, but print or type your address, your area code and telephone number, and the date.

If you are appointing a representative to replace a representative you discharged or who withdrew from representing you, you must notify us in writing that the prior appointment has ended.

Part II Acceptance of Appointment

Each person you appoint (named in part I) completes this part, preferably in all cases. If the person is not an attorney, he or she must give his or her name, state that he or she accepts the appointment, and sign the form.

Part III (Optional) Waiver of Fee

Your representative may complete this part if he or she will not charge any fee for the services provided in this claim. If you appoint a second representative or co-counsel who also will not charge a fee, he or she also should sign this part or give us a separate, written waiver statement.

Part IV (Optional) Waiver of Direct Payment by an Attorney or a Non-Attorney Participating in the Direct Payment Project

Your representative may complete this part if he or she is an attorney or a non-attorney who does not want direct payment of all or part of the approved fee from past-due retirement, survivors, disability insurance, or supplemental security income benefits withheld.

Paperwork Reduction Act Statement - This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

References

- 18 U.S.C. §§203, 205, and 207; and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§404.1700 et. seq. and 416.1500 et. seq.
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39
- 26 U.S.C. §§ 6041 and 6045(f)

INFORMATION FOR REPRESENTATIVES

Fees For Representation

An attorney or other person who wants to charge or collect a fee for providing services in connection with a claim before the Social Security Administration must first obtain our approval of the fee for representation. The only exceptions are if the fee is for services provided:

- when a nonprofit organization or government agency will pay the fee and any expenses from government funds and the claimant incurs no liability, directly or indirectly, for the cost(s);
- in an official capacity such as legal guardian, committee, or similar court-appointed office and the court has approved the fee in question; or
- in representing the claimant before a court of law. A representative who has provided services in a claim before both the Social Security Administration and a court of law may seek a fee from either or both, but neither tribunal has the authority to set a fee for the other.

Obtaining Approval Of A Fee

To charge a fee for services, you must use one of two, mutually exclusive fee approval processes. You must file either a fee petition or a fee agreement with us. In either case, you cannot charge more than the fee amount we approve.

Fee Petition Process

You may ask for approval of a fee by giving us a fee petition when you have completed your services to the claimant. This written request must describe in detail the amount of time you spent on each service provided and the amount of the fee you are requesting.

You must give the claimant a copy of the fee petition and each attachment. The claimant may disagree with the information shown by contacting a Social Security office within 20 days of receiving his or her copy of the fee petition. We will consider the reasonable value of the services provided, and send you notice of the amount of the fee you can charge.

Fee Agreement Process

If you and the claimant have a written fee agreement, either of you must give it to us before we decide the claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve the claim(s); and the claim results in past-due benefits. We will send you a copy of the notice we send the claimant telling him or her the amount of the fee you can charge based on the agreement.

If we do not approve the fee agreement, we will tell you in writing. We also will tell you and the claimant that you must file a fee petition if you wish to charge and collect a fee.

After we tell you the amount of the fee you can charge, you or the claimant may ask us in writing to review the approved fee. (If we approved a fee agreement, the person who decided the claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

Collecting A Fee

You may accept money in advance, as long as you hold it in a trust or escrow account. The claimant never owes you more than the fee we approve, except for:

- any fee a Federal court allows for your services before it; and
- out-of-pocket expenses you incur or expect to incur, for example, the cost of getting evidence.

If you are not an attorney and you are ineligible to receive direct payment, you must collect the approved fee from the claimant. If you are interested in becoming eligible to receive direct payment, you can find information on the procedures for becoming eligible for direct payment on our "Representing Claimants" website:
<http://www.ssa.gov/representation/>.

If you are an attorney or a non-attorney whom SSA has found eligible to receive direct payment, we usually withhold 25 percent of any past-due benefits that result from a favorably decided retirement, survivors, disability insurance, or supplemental security income claim. Once we approve a fee, we pay you all or part of the fee from the funds withheld. We will also charge you the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act. You cannot charge or collect this expense from the claimant. You must collect from the claimant:

- the rest he or she owes
if the amount of the fee is more than the amount of money we withheld and paid you for the claimant, and any amount you held for the claimant in a trust or escrow account.
- all of the fee he or she owes
if we did not withhold past-due benefits, for example, because there are no past-due benefits, or the claimant discharged you, or you withdrew from representing the claimant; or

if we withheld, but later paid the money to the claimant because you did not either ask for our approval until after 60 days of the date of the notice of award or tell us on time that you planned to ask for a fee.

Conflict Of Interest And Penalties

For improper acts, you can be suspended or disqualified from representing anyone before the Social Security Administration. You also can face criminal prosecution. Improper acts include:

- If you are or were an officer or employee of the United States, providing services as a representative in certain claims against and other matters affecting the Federal government.
- Knowingly and willingly furnishing false information.
- Charging or collecting an unauthorized fee or too much for services provided in any claim, including services before a court which made a favorable decision.

References

- 18 U.S.C. §§203, 205, and 207; and 42 U.S.C. §§406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§404.1700 et. seq. and 416.1500 et. seq.
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39
- 26 U.S.C. §§ 6041 and 6045(f)

INFORMATION FOR CLAIMANTS

What a Representative May Do

We will work directly with your appointed representative unless he or she asks us to work directly with you. Your representative may:

- get information from your claim(s) file;
- with your permission, designate associates who perform administrative duties (e.g. clerks), partners and/or parties under contractual arrangements (e.g., copying services) to receive information from us on his or her behalf: By signing this form, you are providing your permission for your representative to designate such associates, partners, and/or contractual parties,
- come with you, or for you, to any interview, conference, or hearing you have with us;
- request a reconsideration, hearing, or Appeals Council review; and
- help you and your witnesses prepare for a hearing and question any witnesses.

Also, your representative will receive a copy of the decision(s) we make on your claim(s). We will rely on your representative to tell you about the status of your claim(s), but you still may call or visit us for information.

You and your representative(s) are responsible for giving Social Security accurate information. It is wrong to knowingly and willingly furnish false information. Doing so may result in criminal prosecution.

We usually continue to work with your representative until (1) you notify us in writing that he or she no longer represents you; or (2) your representative tells us that he or she is withdrawing or indicates that his or her services have ended (for example, by filing a fee petition or not pursuing an appeal). We do not continue to work with someone who is suspended or disqualified from representing claimants.

What Your Representative(s) May Charge

Each representative you appoint can ask for a fee. To charge you a fee for services, your representative must get our approval. (Even when someone else will pay the fee for you, for example, an insurance company, your representative usually must get our approval.) One way is to file a fee petition. The other way is to file a fee agreement with us. In either case, your representative cannot charge you more than the fee amount we approve. If he or she does, promptly report this to your Social Security office.

• Filing A Fee Petition

Your representative may ask for approval of a fee by giving us a fee petition when his or her work on your claim(s) is complete. This written request describes in detail the amount of time he or she spent on each service provided you. The request also gives the amount of the fee the representative wants to charge for these services. Your representative must give you a copy of the fee petition and each attachment. If you disagree with the information shown in the fee petition, contact your Social Security office. Please do this within 20 days of receiving your copy of the petition.

We will review the petition and consider the reasonable value of the services provided. Then we will tell you in writing the amount of the fee we approve.

What Your Representative(s) May Charge, continued

• Filing A Fee Agreement

If you and your representative have a written fee agreement, one of you must give it to us before we decide your claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve your claim(s); and your claim results in past-due benefits. We will tell you in writing the amount of the fee your representative can charge based on the agreement.

If we do not approve the fee agreement, we will tell you and your representative in writing. Then your representative must file a fee petition to charge and collect a fee.

After we tell you the amount of the fee your representative can charge, you or your representative can ask us to look at it again if either or both of you disagree with the amount. (If we approved a fee agreement, the person who decided your claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

How Much You Pay

You never owe more than the fee we approve, except for:

- any fee a Federal court allows for your representative's services before it; and
- out-of-pocket expenses your representative incurs or expects to incur, for example, the cost of getting your doctor's or hospital's records. Our approval is not needed for such expenses.

Your representative may accept money in advance as long as he or she holds it in a trust or escrow account. We usually withhold 25 percent of your past-due benefits to pay toward the fee for you if :

- your retirement, survivors, disability insurance, and/or supplemental security income claim(s) results in past-due benefits;
- your representative is an attorney or a non-attorney participating in the direct fee payment project; and
- your representative registers with us for direct payment before we effectuate a favorable decision on your claim.

You must pay your representative directly:

- the rest of the fee you owe
if the amount of the fee is more than any amount(s) your representative held for you in a trust or escrow account and we withheld and paid your representative for you.
- all of the fee you owe
if we did not withhold past-due benefits, for example, because your representative waived direct payment, or you discharged the representative, or the representative withdrew from representing you before we issued a favorable decision; or if we withheld, but later paid you the money because your representative did not either ask for our approval until after 60 days of the date of your notice of award or tell us on time that he or she planned to ask for a fee.

Name (Claimant) (Print or Type)	Social Security Number - -
Wage Earner (If Different)	Social Security Number - -

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____
(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- ☐ Title II (RSDI) ☐ Title XVI (SSI) ☐ Title XVIII (Medicare Coverage) ☐ Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

- ☐ I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.

- ☐ I appoint, or I now have, more than one representative. My main representative is _____

(Name of Principal Representative)

Signature (Claimant)	Address	
Telephone Number (with Area Code) () -	Fax Number (with Area Code) () -	Date

Part II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part II satisfies this requirement.)

Check one: ☐ I am an attorney. ☐ I am a non-attorney who is participating in the direct fee payment demonstration project.

- ☐ I am a non-attorney. I am not participating in the direct fee payment demonstration project.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. ☐ Yes ☐ No

I have been disqualified from participating in or appearing before a Federal program or agency. ☐ Yes ☐ No

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative)	Address	
Telephone Number (with Area Code) () -	Fax Number (with Area Code) () -	Date

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
----------------------------	------

**Part IV (Optional) WAIVER OF DIRECT PAYMENT
by Attorney or Non-Attorney Eligible to Receive Direct Payment**

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Representative Waiving Direct Payment)	Date
---	------

MODULE IV

The Application Process: Medical Information

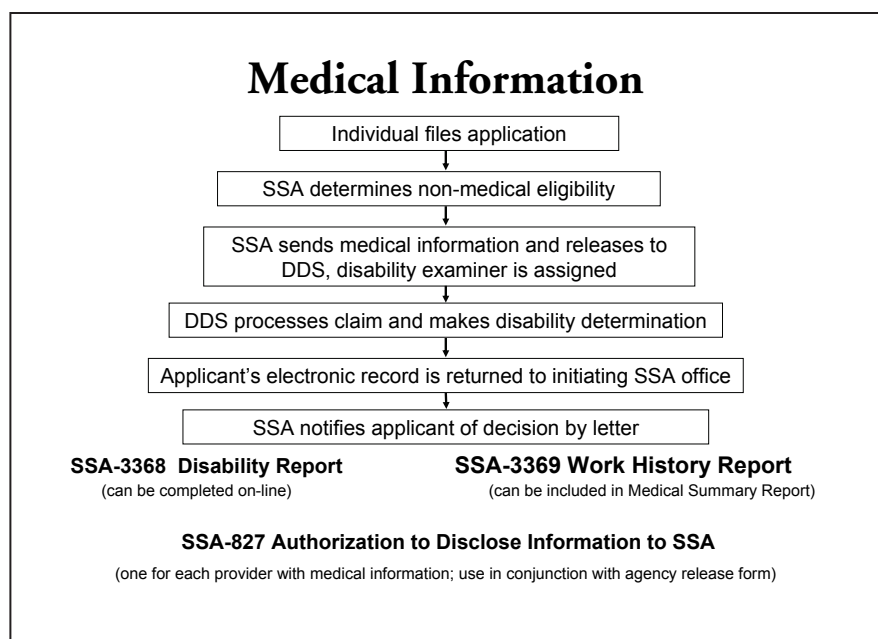


Introduction

This module shifts the focus to gathering and assessing medical information (called medical evidence by SSA and DDS). Since medical evidence is key to disability determination, the curriculum focuses on effectively developing and presenting this evidence. This discussion carries through the remaining modules along with developing and presenting “functional information.”

Module Topics

- Medical Information
- Date of Onset
- Determining Eligibility Dates
- Authorization to Disclose Information to the Social Security Administration
- Use of Agency *Authorization for Release of Information* Form in Conjunction with SSA-827



Words of Advice

Often, a person with a serious mental illness does not mention it on the application. Case managers can ensure this information is complete by:

Accompanying the person to the interview after prior discussion of what is needed and permission to add information that is obtained, or

Completing a list with the applicant ahead of time regarding diagnoses and treatment history. Applicant can then turn the list in to SSA.

Completing the Picture

The second part of an application, which addresses the necessary medical evidence, adds to the picture begun with the non-medical information. Medical evidence consists of the following:

- Evidence of physical illness(es), including laboratory findings
- Evidence of mental illness(es)
- Treatment history

Also needed are:

- Work history, including earnings and what tasks and responsibilities each job entailed, and
- Functional information

Note: The disability examiner is sometimes called a disability adjudicator.

Medical Evidence to Be Provided

- All treatment sources, past and present, for physical and mental illnesses
- All vocational or rehabilitation programs that the applicant attended
- Remarks that enhance any relevant information
- Work history that is comprehensive and specific
- Information on past work demands and skills
- Functional information – Modules XI – XII

Medical Evidence to Be Provided

Applicants often do not know exact dates or medical record numbers. Try to gather information through hints such as:

- What was the time of year or season when you received treatment?
- Was a city's name in the name of the hospital?
- Were the outpatient services a county program with the county's name?
- Tips for locating non-local facilities are included in Module IX

Combined Illnesses

- People may be found eligible on a combination of illnesses

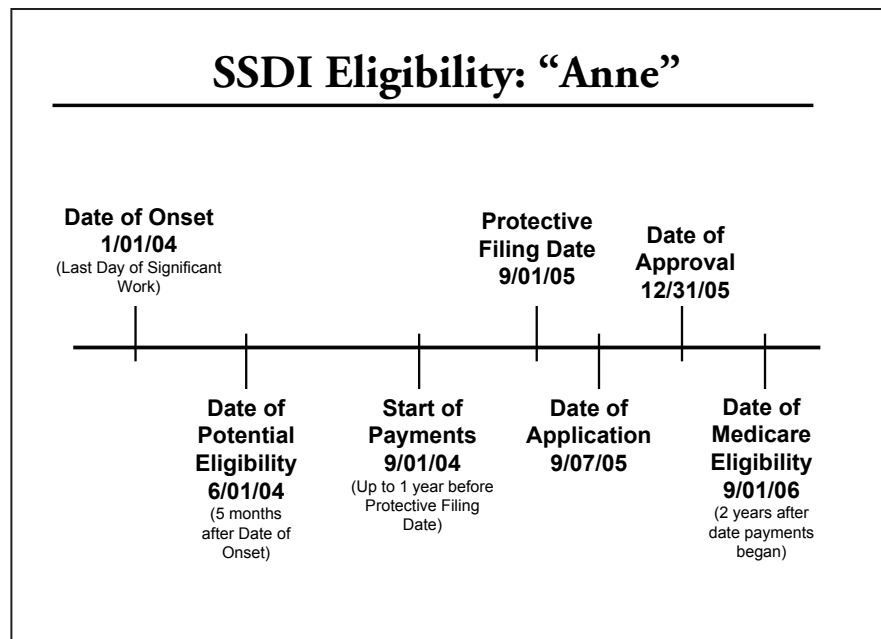
The *Applicant Tracking Worksheet* (Worksheet 3) provides a place to keep track of essential information and dates. It can be found on page 23 of this module.

Note

Date of Onset

- Date when disability began
- Set by DDS
- Eligibility begins 5 months later
- Important for SSDI applications – affects both income benefits and Medicare eligibility
- Critical for determination of retroactive benefits

Date of Onset



An Explanation of SSDI's Onset Date

Upon reviewing an individual's medical records, the DDS determines a date of onset of disability, especially for SSDI applicants. This date is critical for the determination of retroactive benefits as well as for Medicare eligibility.

Determining Eligibility

TRAINING EXERCISE F

SSI	1 ST day of full month following date of application
SSDI	Date of onset + 5 months
Medicare	2 years from first SSDI payment
SSDI Retroactive Payments	Can go back 12 months from the date of application or protective filing date

1. Calculate probable eligibility date in scenarios
2. Use protective filing date for SSI eligibility
3. Check notes or consult a neighbor for help

TRAINING EXERCISE F - DETERMINING ELIGIBILITY DATES

In this exercise, calculate the probable eligibility dates (and the Medicare dates for SSDI recipients) in the scenarios. Assume that the protective filing date is the one used to determine SSI eligibility, as this is usually the case. Date of onset will be used to determine SSDI eligibility. Keep in mind that these are examples for illustrative purposes and individual applicants may have different outcomes.

1. Fred called to establish a protective filing date on 3/31/02. He actually completed his SSI application on 4/5/02. What is his likely date of eligibility?
2. Dimitri called the SSA office on 6/1/04 saying he wanted to apply for SSI. What is his probable date of eligibility?
3. Frank applied for both SSI and SSDI on 5/1/04. His date of onset was determined to be 5/1/03. What probably will be his dates of eligibility for SSI and for SSDI?

What is Frank's likely eligibility date for Medicare?

From what date might Frank's retroactive SSDI payments begin?

4. Henrietta walked in to the SSA office to apply on 4/1/04. If she is found eligible for SSI, what will her date of eligibility most likely be?

5. Things got complicated for Mary Lou. She was homeless for some time and did not know about being able to apply for SSA benefits. She finally called on 4/1/04 and established a date to do a phone interview for both SSI and SSDI. Mary Lou had not worked for some time but before stopping had been a consistent worker. DDS determined that her date of onset of disability was 4/1/02. What is her likely date of eligibility for SSI and SSDI?

What is her probable date of eligibility for Medicare?

What is the beginning date of her retroactive benefits?

Disability Report: SSA-3368

- Disability Report allows DDS to obtain a complete picture of applicant's medical history and treatment
- Completeness is critical
- Ensure that all known information is provided
- This form can be completed and submitted on-line – SSA i3368 PRO

Disability Report SSA-3368

ADULT DISABILITY & WORK HISTORY REPORT - PRO

Welcome!

This is the starting point for professionals, representatives, and organizations assisting adults age 18 or older in applying for disability benefits. If you are an individual applying for yourself or for another person, please go to the *public version of the Adult Disability and Work History Report*. If the claimant has not completed a formal application for benefits, he or she needs to do so as soon as possible to avoid losing benefits.

In this disability report, we will ask you for information about the claimant's medical sources and treatments, and work and education history. We use this information to get medical records and other information that helps us make the correct decision about the claimant's disability claim. Please give us as much information on all these areas as you can. Missing or incomplete information may delay the claim or require a contact with you or the claimant.

Important Information

Click on the link "Proper Applicant" for important information on protecting the claimant's filing date and who can file an application on the claimant's behalf.

Minimum System Requirements

To complete this report you will need:

- Internet access
- A Windows-based personal computer (Presently, this report does not support the Macintosh platform or WebTV.)
- Adobe Acrobat Reader – To download a free copy, go to <http://access.adobe.com>

You may start a new Adult Disability and Work History Report or access a report that has not been submitted.

Start a New Report

Go Back to a Report I Already Started

Related Links

Information About this Internet Report:
[How the Online Disability Report Works](#)
[Instructions for Alternative Views and Navigation](#)
[Special Instructions for Blind Users](#)
[Applying in Person or Over the Phone](#)
[Disability Report Form Guide](#)

Disability Information:
[How the Disability Application Process Works](#)
[Social Security's Definition of Disability](#)
[Information about Social Security's Disability Programs](#)

Legal and Official Information:
[Proper Applicant](#)
[Claimant's Right to Representation](#)
[Internet Security Policy](#)

i3368PRO

- Found on the SSA Web site at www.socialsecurity.gov/adultdisabilityreportpro
- Navigate to Adult Disability & Work History Report PRO
- On-line forms can be started, saved, and returned to as needed

SSA-3368 Disability Report

DISABILITY REPORT - ADULT - Form SSA-3368-BK
PLEASE READ ALL OF THIS INFORMATION BEFORE YOU BEGIN
COMPLETING THIS FORM

THIS IS NOT AN APPLICATION

IF YOU NEED HELP
If you need help with this form, do as much of it as you can, and your interviewer will help you finish it. However, if you have access to the Internet, you may access the Disability Report Form Guide at <http://www.socialsecurity.gov/disability3368/index.htm>.

HOW TO COMPLETE THIS FORM
The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Please fill out as much of this form as you can before your interview appointment.
- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answers, or the answer is "none" or "does not apply," please write "don't know," or "none," or "does not apply."
- **IN SIXTIES & FIFTIES INFORMATION ON ONLY ONE DOCTOR/HOSPITAL/CLINIC IN EACH SPACE.**
- Each address should include a ZIP code. Each telephone number should include an area code.
- **DO NOT ASK A DOCTOR OR HOSPITAL TO COMPLETE THE FORM.** However, you can get help from other people, like a friend or family member.
- If your appointment is for an interview by telephone, have the form ready to discuss with us when we call you.
- If your appointment is for an interview in our office, bring the completed form with you or mail it ahead of time; if you were told to do so.
- When a question refers to "you," "your," or the "disabled person," it refers to the person who is applying for disability benefits. If you are filling out the form for someone else, please provide information about him or her.
- Be sure to explain as much of the question as you can for an explanation, or if you want to give additional information.
- If you need more space to answer any questions or want to tell us more about an answer, please use the "REMARKS" section on Pages 9 and 10, and show the number of the question being answered.

ABOUT YOUR MEDICAL RECORDS
If you have any medical records and copies of prescriptions at home for the person who is applying for disability benefits, send them to our office with your completed form or bring them with you to your interview. Also, bring any prescription bottles with you. If you used the reverse back, tell us and we will photocopy them and return them to you.

YOU DO NOT NEED TO ASK DOCTORS OR HOSPITALS FOR ANY MEDICAL RECORDS THAT YOU DO NOT ALREADY HAVE. With your permission, we will do that for you. The information we ask for on this form tells us to whom we should send a request for medical and other records. If you cannot remember the names and addresses of any of the doctors or hospitals, or the dates of treatment, perhaps you can get this information from the telephone book, or from medical bills, prescriptions and prescription bottles.

Disability Report - Adult - Form SSA-3368-BK

Note

A sample of SSA-3368 can be found on page 25 of this module.
The on-line *i3368* can be found at: www.socialsecurity.gov/adultdisabilityreportpro.

SSA-827

Authorization to Disclose Information to the Social Security Administration (SSA)

A sample *Authorization to Disclose Information to the Social Security Administration (SSA)* SSA-827 can be found on page 27 of this module.

Note

**Authorization to Disclose Information
to SSA: SSA-827**

- Psychotherapy notes
- Treatment dates
- HIPAA compliant forms

Authorization to Disclose Information to SSA

Psychotherapy notes

Treatment dates

HIPAA compliant forms

Additional Forms

- Agency release of information form
- Sample Medical Records Request letter
- Medical Information for SSI/SSDI
- Applicant Tracking Worksheet
- Medical and Job Worksheet – Adult (SSA-3381)

Additional Forms

These additional forms can be found on pages 17, 19, 21, 23, and 29 of this module.

Note

Summary – Handy Tips

- Disability reports should be completed in the first person in the applicant's own words
- Be as complete as possible – add pages if necessary
- Include information about *all* health problems
- Contact the DDS examiner within 2 weeks of application; confirm contact info and willingness to help
- Make contact with the DDS professional/medical relations officer – plan strategies for collaboration

Note

New Terms:

Date of Onset

Income Exclusion

Medical Evidence

See the Glossary

Summary: Handy Tips

Note

See Handy Tips on the next page before moving on to the next module.

Handy Tips

- About the SSA-3368 Disability Report or *i3368-PRO*:
 - SSA expects case managers to complete the electronic version of the form, whenever possible.
 - Questions should be completed in the first person, in the applicant's own words.
 - Case managers can help people feel more comfortable about sharing their feelings and experiences by asking about “difficulties” or “struggles” as opposed to “illness” or “symptoms.”
 - Accompanying the individual to the application appointment at SSA is very helpful. If this is not possible, a case manager can make a list of a person's difficulties and treatment history and give it the applicant to hand into SSA. This helps the person deal with anxiety about the interview and ensures that mental health information is provided. Be sure not to edit the information. Provide all the history. Let SSA and DDS decide what's relevant.
 - Understand that a person often does not label their experiences in the way case managers do. This may be due to a fear of stigma, a failure to recognize a particular illness, or other complications.
 - Additional information can be added to the disability report, including electronically. If the electronic form cuts off information, be sure to alert SSA to this.
- A case manager should contact the DDS disability examiner (or adjudicator) within a week of submitting the application. At this contact, the case manager should note that he or she is the applicant's representative (assuming the 1696 was submitted) and confirm contact information and willingness to help. After the initial contact, regular, consistent contact should be maintained until a decision is made.
- Each DDS has a professional or medical relations office who is the liaison with community programs. If possible, contact this individual and plan strategies for collaboration.

Authorization for Release of Information

PATIENT'S/CLIENT'S NAME: _____ BIRTH DATE ____ / ____ / ____
 LAST FIRST M. I. Mo. Day Year

The undersigned hereby authorizes and requests

HOSPITAL, AGENT, OR TREATMENT PROGRAM

to provide

NAME OR TITLE OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE

the following information: (please specify)

Discharge summary, admission information, psychosocial evaluation, psychosocial testing report, progress notes, and other relevant information:

Dates of Hospitalization: ALL DATES

Dates of Services Provided: ALL DATES

The disclosure is to be used for the following purposes: For obtaining Social Security disability benefits.

This consent will expire one (1) year from the date hereof unless otherwise stipulated.

I understand that the information may/will include treatment for mental and/or physical illness, counseling or treatment for drug and/or alcohol abuse, human immunodeficiency virus (HIV), including acquired immunodeficiency syndrome (AIDS) or tests for HIV or AIDS.

I understand that I may revoke my consent to release information from my records, but not retroactive to release of information already made in good faith.

Signed _____ Date _____

Signature of Parent, Relative, or Legal Guardian, where applicable _____ Date _____

Witness _____ Date _____

ANY INDIVIDUAL OR AGENCY RECEIVING THIS INFORMATION IS PROHIBITED FROM MAKING FURTHER DISCLOSURE OF THIS INFORMATION.

IF THIS INFORMATION CONCERNS A PERSON ADMITTED FOR TREATMENT OF ALCOHOL OR DRUG ABUSE, THE CONFIDENTIALITY OF THIS INFORMATION IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATION (42 CFR PART 2) PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION, IF HELD BY OTHER PARTY, IS NOT SUFFICIENT FOR THIS PURPOSE.

Sample Medical Records Request Letter

Re:
DOB:
SSN:

Dear _____ :

Our program serves homeless adults and helps them obtain income, services, and other resources. Part of this effort is to help individuals apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), two disability income programs operated by the Social Security Administration (SSA). In addition to providing needed income support for beneficiaries, both programs provide medical insurance (Medicaid or Medicare), which could reimburse your facility for future care you provide this individual as well as possibly cover some retroactive bills.

To be eligible for disability benefits, individuals must make sure that their medical records are provided to the State agency that Social Security contracts with to make disability determinations, called Disability Determination Services (DDS). Without this medical information, eligibility for desperately needed benefits is unlikely.

You have provided medical services to the above referenced person. I have enclosed two releases of information (one for SSA and one for our provider agency) signed by the above individual. If you would please send me your medical information as soon as possible, I will ensure that this information is sent on to the DDS for review.

For you to have a sense of what is needed from your records, I also have enclosed with this letter a list of medical information that can be extraordinarily helpful. Your cooperation is critical for the success of this application and for the recovery of this person.

If you have any questions, please do not hesitate to contact me at _____. I thank you in advance for your swift response to this request.

Sincerely,

Medical Information for SSI/SSDI

- Admission notes
- Physical examination reports
- Laboratory test results and reports
- Other diagnostic evaluations such as x-rays, CT scans, MRI results, etc.
- Psychiatric evaluations
- Psychosocial history reports (usually from social workers)
- Psychological testing results and reports
- Occupational therapy reports
- Neurological evaluations
- Neuropsychological testing reports
- Any additional evaluation reports
- Progress notes for duration of each treatment episode
- Discharge summaries

Worksheet 3

Applicant Tracking Worksheet

(use additional sheets, if necessary)

Name _____ DOB _____ SSN _____

Phone _____ Address _____

Third Party Contact (N/A if no one) _____

Third Party Third Party
Phone _____ Address _____

Area of town where person stays _____

Food kitchens/shelters/etc. _____

Other staff/programs involved _____

Program/Staff person _____

Protected filing date _____

Application date _____

☐ By Phone ☐ In Person

SSA Claims Representative

Name _____ Phone _____

Office address _____

Medical evidence submitted with application? ☐ Yes ☐ No

Medical records sent for:

Source _____

Date(s) requested _____ Date received _____ Date sent to SSA/DDS _____

Source _____

Date(s) requested _____ Date received _____ Date sent to SSA/DDS _____

Source _____

Date(s) requested _____ Date received _____ Date sent to SSA/DDS _____

DDS Disability Examiner

Name _____ Phone _____

Dates of follow-up contact with DDS examiner _____

Consultative examination appointment? ☐ Yes ☐ No If yes, Date _____

Decision ☐ Approved ☐ Denied Date _____

Reconsideration filed (N/A if person is approved) _____

SSA-3368

Disability Report



DISABILITY REPORT - ADULT - Form SSA-3368-BK

PLEASE READ ALL OF THIS INFORMATION BEFORE YOU BEGIN
COMPLETING THIS FORM

THIS IS NOT AN APPLICATION

IF YOU NEED HELP

If you need help with this form, do as much of it as you can, and your interviewer will help you finish it. However, if you have access to the Internet, you may access the Disability Report Form Guide at <http://www.socialsecurity.gov/disability/3368/index.htm>.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Please fill out as much of this form as you can before your interview appointment.
- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answers, or the answer is "none" or "does not apply," please write: "don't know," or "none," or "does not apply."
- **IN SECTION 4, PUT INFORMATION ON ONLY ONE DOCTOR/HOSPITAL/CLINIC IN EACH SPACE.**
- Each address should include a ZIP code. Each telephone number should include an area code.
- **DO NOT ASK A DOCTOR OR HOSPITAL TO COMPLETE THE FORM.** However, you can get help from other people, like a friend or family member.
- If your appointment is for an interview by telephone, have the form ready to discuss with us when we call you.
- If your appointment is for an interview in our office, bring the completed form with you or mail it ahead of time, if you were told to do so.
- When a question refers to "you," "your" or the "Disabled Person," it refers to the person who is applying for disability benefits. If you are filling out the form for someone else, please provide information about him or her.
- Be sure to explain an answer if the question asks for an explanation, or if you want to give additional information.
- If you need more space to answer any questions or want to tell us more about an answer, please use the "REMARKS" section on Pages 9 and 10, and show the number of the question being answered.

ABOUT YOUR MEDICAL RECORDS

If you have any medical records and copies of prescriptions at home for the person who is applying for disability benefits, send them to our office with your completed forms or bring them with you to your interview. Also, bring any prescription bottles with you. If you need the records back, tell us and we will photocopy them and return them to you.

YOU DO NOT NEED TO ASK DOCTORS OR HOSPITALS FOR ANY MEDICAL RECORDS THAT YOU DO NOT ALREADY HAVE. With your permission, we will do that for you. The information we ask for on this form tells us to whom we should send a request for medical and other records. If you cannot remember the names and addresses of any of the doctors or hospitals, or the dates of treatment, perhaps you can get this information from the telephone book, or from medical bills, prescriptions and prescription bottles.

WHAT WE MEAN BY "DISABILITY"

"Disability" under Social Security is based on your inability to work. For purposes of this claim, we want you to understand that "disability" means that you are unable to work as defined by the Social Security Act. You will be considered disabled if you are unable to do any kind of work for which you are suited and if your disability is expected to last (or has lasted) for at least a year or to result in death. So when we ask, "when did you become unable to work," we are asking when you became disabled as defined by the Social Security Act.

The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at **1-800-772-1213**. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

**DISABILITY REPORT
ADULT****For SSA Use Only**

Do not write in this box.

Related SSN _____

Number Holder _____

SECTION 1- INFORMATION ABOUT THE DISABLED PERSON**A. NAME** *(First, Middle Initial, Last)* _____**B. SOCIAL SECURITY NUMBER** _____**C. DAYTIME TELEPHONE NUMBER** *(If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)*Area
Code

Number

☐

Your Number

☐

Message Number

☐

None

D. Give the name of a friend or relative that we can contact (other than your doctors) **who knows about your illnesses, injuries or conditions** and can help you with your claim.

NAME _____

RELATIONSHIP _____

ADDRESS _____

(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City

State

ZIP

DAYTIME
PHONE

Area Code

Number

E. What is your height without shoes? _____

feet

inches

F. What is your weight without shoes? _____

pounds

G. Do you have a medical assistance card? (For Example, Medicaid or Medi-Cal) If "YES," show the number here: _____☐

YES

☐

NO

H. Can you speak and understand English? ☐ YES ☐ NO If "NO," what is your preferred language? _____**NOTE:** If you cannot speak and understand English, we will provide an interpreter, free of charge.If you cannot **speak and understand English**, is there someone we may contact who speaks and understands English and will give you messages? ☐ YES ☐ NO *(If "YES," and that person is the same as in "D" above show "SAME" here. If not, complete the following information.)*

NAME _____

RELATIONSHIP _____

ADDRESS _____

(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City

State

ZIP

DAYTIME
PHONE

Area Code

Number

I. Can you read and understand English? ☐ YES ☐ NO**J. Can you write more than your name in English?** ☐ YES ☐ NO

Disability Report-Adult-Form SSA-3368-BK

SECTION 2
YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

A. What are the **illnesses, injuries or conditions** that limit your ability to work? _____

B. How do your illnesses, injuries or conditions limit your ability to work? _____

C. Do your illnesses, injuries or conditions cause you **pain** ☐ YES ☐ NO
or **other symptoms**?

D. When did your illnesses, injuries or
conditions **first bother you**?

<i>Month</i>	<i>Day</i>	<i>Year</i>
--------------	------------	-------------

E. When did you become **unable to work** because
of your illnesses, injuries or conditions?

<i>Month</i>	<i>Day</i>	<i>Year</i>
--------------	------------	-------------

F. Have you **ever worked**? ☐ YES ☐ NO *(If "NO," go to Section 4.)*

G. Did you **work at any time** after the date your
illnesses, injuries or conditions first bothered you? ☐ YES ☐ NO

H. If "YES," did your illnesses, injuries or conditions cause you to: *(check all that apply)*

- ☐ **work fewer hours?** *(Explain below)*
- ☐ **change your job duties?** *(Explain below)*
- ☐ **make any job-related changes such as your attendance, help needed, or employers?**
(Explain below)

I. Are you **working now**? ☐ YES ☐ NO

If "NO," when did **you stop working**?

<i>Month</i>	<i>Day</i>	<i>Year</i>
--------------	------------	-------------

J. Why did you **stop working**? _____

SECTION 3 - INFORMATION ABOUT YOUR WORK

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries or conditions.

JOB TITLE (Example, Cook)	TYPE OF BUSINESS (Example, Restaurant)	DATES WORKED (month & year)		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)	
		From	To				
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

B. Which job did you do the longest? _____

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

D. In **this job**, did you:

Use machines, tools or equipment?

☐ YES ☐ NO

Use technical knowledge or skills?

☐ YES ☐ NO

Do any writing, complete reports, or perform duties like this?

☐ YES ☐ NO

E. In **this job**, how many total hours each day did you:

Walk? _____ Stoop? (Bend down & forward at waist.) _____ Handle, grab or grasp big objects? _____

Stand? _____ Kneel? (Bend legs to rest on knees.) _____ Reach? _____

Sit? _____ Crouch? (Bend legs & back down & forward.) _____ Write, type or handle small objects? _____

Climb? _____ Crawl? (Move on hands & knees.) _____

F. Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

G. Check **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

H. Check weight **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

I. Did you supervise other people in this job? ☐ YES (Complete items below.) ☐ NO (If NO, go to J.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

J. Were you a lead worker? ☐ YES ☐ NO

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

- A. Have you been seen by a **doctor/hospital/clinic** or anyone else for the illnesses, injuries or conditions that limit your ability to work? ☐ YES ☐ NO
- B. Have you been seen by a **doctor/hospital/clinic** or anyone else for emotional or mental problems that limit your ability to work? ☐ YES ☐ NO

If you answered "NO" to both of these questions, go to Section 5.

- C. List **other names** you have used on your medical records. _____

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

- D. List each **DOCTOR/HMO/THERAPIST/OTHER**. Include your **next appointment**.

1. NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE <small>Area Code Phone Number</small>		PATIENT ID # (If known)	NEXT APPOINTMENT	
REASONS FOR VISITS				
WHAT TREATMENT WAS RECEIVED?				

2. NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE <small>Area Code Phone Number</small>		PATIENT ID # (If known)	NEXT APPOINTMENT	
REASONS FOR VISITS				
WHAT TREATMENT WAS RECEIVED?				

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

DOCTOR/HMO/THERAPIST/OTHER

3. NAME			DATES
STREET ADDRESS			FIRST VISIT
CITY	STATE	ZIP	LAST SEEN
PHONE <small>Area Code Phone Number</small>		PATIENT ID # (If known)	NEXT APPOINTMENT
REASONS FOR VISITS			
WHAT TREATMENT WAS RECEIVED?			

If you need more space, use Remarks, Section 9.

E. List each HOSPITAL/CLINIC. Include your next appointment.

HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			<input type="checkbox"/> INPATIENT STAYS <i>(Stayed at least overnight)</i>	DATE IN	DATE OUT
STREET ADDRESS			<input type="checkbox"/> OUTPATIENT VISITS <i>(Sent home same day)</i>	DATE FIRST VISIT	DATE LAST VISIT
CITY	STATE	ZIP	<input type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISITS	
PHONE <small>Area Code Phone Number</small>					

Next appointment _____ **Your hospital/clinic number** _____

Reasons for visits _____

What treatment did you receive? _____

What doctors do you see at this hospital/clinic on a regular basis? _____

SECTION 4-INFORMATION ABOUT YOUR MEDICAL RECORDS

HOSPITAL/CLINIC

HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			<input type="checkbox"/> INPATIENT STAYS <i>(Stayed at least overnight)</i>	DATE IN	DATE OUT
STREET ADDRESS			<input type="checkbox"/> OUTPATIENT VISITS <i>(Sent home same day)</i>	DATE FIRST VISIT	DATE LAST VISIT
CITY	STATE	ZIP	<input type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISITS	
PHONE <div style="display: flex; justify-content: space-between; width: 100%;"> Area Code Phone Number </div>					

Next **appointment** _____ Your hospital/clinic **number** _____

Reasons for visits _____

What **treatment** did you receive? _____

What **doctors** do you see at this hospital/clinic on a regular basis? _____

If you need more space, use Remarks, Section 9.

F. Does **anyone else** have **medical records or information** about your illnesses, injuries or conditions (Workers' Compensation, insurance companies, prisons, attorneys, welfare), or are you scheduled to see anyone else?

☐ YES *(If "YES," complete information below.)*

☐ NO

NAME			DATES	
STREET ADDRESS			FIRST VISIT	
			LAST SEEN	
CITY	STATE	ZIP	NEXT APPOINTMENT	
PHONE <div style="display: flex; justify-content: space-between; width: 100%;"> Area Code Phone Number </div>				
CLAIM NUMBER (If any) _____				
REASONS FOR VISITS _____				

If you need more space, use Remarks, Section 9.

SECTION 5 - MEDICATIONS

Do you currently take any **medications** for your illnesses, injuries or conditions? ☐ YES

If "YES," please tell us the following: *(Look at your medicine bottles, if necessary.)* ☐ NO

NAME OF MEDICINE	IF PRESCRIBED, GIVE NAME OF DOCTOR	REASON FOR MEDICINE	SIDE EFFECTS YOU HAVE

If you need more space, use Remarks, Section 9.

SECTION 6 - TESTS

Have you had, or will you have, any **medical tests** for illnesses, injuries or conditions?

☐ YES ☐ NO If "YES," please tell us the following: *(Give approximate dates, if necessary.)*

KIND OF TEST	WHEN DONE, OR WHEN WILL IT BE DONE? (Month, day, year)	WHERE DONE? (Name of Facility)	WHO SENT YOU FOR THIS TEST?
EKG (HEART TEST)			
TREADMILL (EXERCISE TEST)			
CARDIAC CATHETERIZATION			
BIOPSY--Name of body part _____			
HEARING TEST			
SPEECH/LANGUAGE TEST			
VISION TEST			
IQ TESTING			
EEG (BRAIN WAVE TEST)			
HIV TEST			
BLOOD TEST (NOT HIV)			
BREATHING TEST			
X-RAY--Name of body part _____			
MRI/CT SCAN Name of body part _____			

If you have had other tests, list them in Remarks, Section 9.

SECTION 7-EDUCATION/TRAINING INFORMATION

A. Check the highest grade of **school** completed.

Grade school:

0 1 2 3 4 5 6 7 8 9 10 11 12 GED
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

College:

1 2 3 4 or more
☐ ☐ ☐ ☐

Approximate **date** completed: _____

B. Did you attend **special education** classes? ☐ YES ☐ NO (If "NO," go to part C)

NAME OF SCHOOL _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

City

State

Zip

DATES ATTENDED _____ TO _____

TYPE OF PROGRAM _____

C. Have you completed any type of **special job training, trade or vocational school**?

☐ YES ☐ NO If "YES," what type? _____

Approximate date completed: _____

**SECTION 8 - VOCATIONAL REHABILITATION, EMPLOYMENT,
or OTHER SUPPORT SERVICES INFORMATION**

Are you participating in the Ticket Program or another program of vocational rehabilitation services, employment services or other support services to help you go to work?

☐ YES (Complete the information below) ☐ NO

NAME OF ORGANIZATION _____

NAME OF COUNSELOR _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

City

State

Zip

DAYTIME PHONE NUMBER _____

Area Code

Number

DATES SEEN _____ TO _____

TYPE OF SERVICES OR
TESTS PERFORMED

(IQ, vision, physicals, hearing, workshops, etc.)

SECTION 9 - REMARKS

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for writing. The paper itself is a clean, off-white color. There are no margins, text, or other markings present on the page.

SECTION 9 - REMARKS

Name of person completing this form *(Please Print)*

Date Form Completed *(Month, day, year)*

Address *(Number and street)*

e-mail address *(optional)*

City

State

Zip Code

SSA-827

Authorization to Disclose Information to the Social Security Administration (SSA)



WHOSE Records to be Disclosed

NAME (First, Middle, Last)

SSN

- -

Birthday

(mm/dd/yy)

SSA USE ONLY NUMBER HOLDER (If other than above)

NAME

SSN

- -

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)****** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.
 - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:**TO WHOM****The Social Security Administration and to the State agency authorized to process my case** (usually called "disability determination services"), **including contract copy services, and doctors or other professionals consulted during the process.** [Also, for international claims, to the U.S. Department of State Foreign Service Post.]**PURPOSE**Determining my **eligibility for benefits**, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.☐ Determining whether I am **capable of managing benefits ONLY** (check only if this applies)**EXPIRES WHEN**

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY**INDIVIDUAL** authorizing disclosure**SIGN** ►**IF not signed by subject of disclosure, specify basis for authority to sign**☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

Street Address

Phone Number (with area code)

City

State

ZIP

-

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ►**IF needed, second witness sign here (e.g., if signed with "X" above)****SIGN** ►

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631 (e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs(VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

SSA-3381

Medical and Job Worksheet—Adult



MEDICAL AND JOB WORKSHEET - ADULT

This worksheet can help you to prepare for your interview or to complete the Disability Report on the Internet. It lists some of the information we will ask you. You may want to write down some of this information in the space provided so you will have it at the interview. We will not collect this worksheet.

A. When did you become unable to work? (Month/Day/Year) _____

B. What **medical condition(s), illness(es) or injury(ies)** limits your ability to work? _____

C. We will ask you about your medical treatment. What **doctor/HMO/therapist or other person treated your condition(s), illness(es) or injury(ies)** or whom do you expect to treat you in the future? What **month and year** were you there, or expect to go there next?

Name, Address, Phone, and Patient ID Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. What **hospitals, clinics, or emergency rooms** have you been to, or expect to go to? What **month and year** were you there, or expect to go there next?

Name, Address, Phone and Hospital/Clinic Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____

OVER

E. What **medications** do you take and **why** do you take them? **If they are prescribed**, we will ask the **doctor's name who prescribed them**. You can bring your prescription bottles with you.

Name of Medication and Why You Take It

Doctor's Name

_____	_____
_____	_____
_____	_____

F. What **medical tests** have you had or are going to have? We will ask the **name of the place** where you were tested, the **date of the test**, and the **name of the person who sent you** for the test(s).

Name of Test

Place Where Tested

Person Who Sent You

Date(s)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. What is your **medical assistance number**? _____

H. What **kind of work** have you done in the 15 years before you became disabled? We will ask you for the information below.

Job Title
(e.g., Cook)

Type of Business
(e.g., Restaurant)

Dates Worked
(month & year)
From: To:

Hours
Per
Day

Days
Per
Week

Rate of Pay
(Per hour,
week, year)

1. _____	_____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	_____	\$ _____

<p>Keep your appointment. Do not delay filing even if you do not have all of the information. We will help you get any missing information.</p>
--

MODULE V

Eligibility Criteria and the Sequential Evaluation



Introduction

This module focuses on the process used by DDS to determine disability. The full SSA definition of disability is one that goes beyond the diagnosis; it also considers the impact of the diagnosis on the individual's life, functioning, and ability to work.

Module Topics

- Criteria for Eligibility
- Tying Diagnosis to Functional Information
- Sequential Evaluation

Criteria for Eligibility

1. Medically Determinable Physical or Mental Impairment

Illness(es) must either meet or be equivalent to the “listing” criteria used by DDS. Supporting information must be documented in medical records.

2. Duration

The impairment tied to the illness(es) must have lasted OR be expected to last 12 months or more OR be expected to result in death.

3. Functional Information

Applicant must demonstrate that significant functional impairment related to the illness(es) exists.

Criteria for Eligibility

- Medically determinable physical and/or mental impairment
- Duration
- Significant functional impairment

Diagnosis and Functioning

- Comprehensive histories critical to understanding the impact of mental illness
- Diagnosis is not an exact science
- People present differently at different times and symptoms vary over time
- No testing – psychological and neuropsychological not readily available
- Functional information fleshes out the information provided in diagnosis

Tying Diagnosis to Functioning

Gathering comprehensive historical information is essential to understanding the duration and progression of illness, especially mental illness.

Words
of
Advice

Functional impairment must clearly be tied to a person's illness.

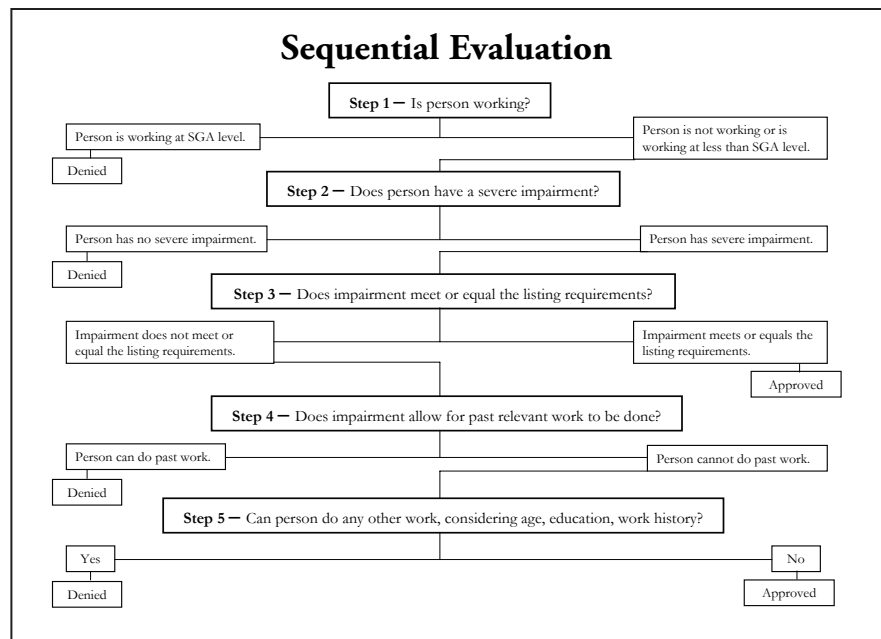
Words
of
Advice

Areas of Functional Information

I	Marked restrictions of activities of daily living
II	Marked difficulties in maintaining social functioning
III	Marked difficulties in maintaining concentration, persistence, and pace (as they relate to the ability to complete tasks)
IV	Repeated episodes of decompensation (each of extended duration)

Four Areas of Functional Impairment

Determining Impairment



Sequential Evaluation

Each step is explained in detail on the next five slides.

Step 1 – Is the person working?

- Determined by SSA
- If working – meet SGA?
- Not working? – moves on to DDS

Step 1 – Is the Person Working?

Step 2 – Does the person have a severe impairment?

- Physical activities involved in work:
walking, standing, lifting, carrying, seeing,
speaking, etc.
- For mental illness, other functional areas
 - Completing activities of daily living
 - Social functioning
 - Cognitive functioning
 - Decompensation episodes of extended
duration

Step 2 – Does the Person Have a Severe Impairment?

Step 3 – Does the impairment meet or equal the listing?

- “Listing” – a list of specifically defined impairments (both physical and mental)
- Includes specific criteria for each impairment
- Sufficient medical evidence and functional impairment must be documented
- ***A person may be found disabled at this step and begin receiving benefits***

Words of Advice

Step 3 is the first step at which an individual may be approved for benefits.

Step 3 — Does the Impairment Meet or Equal the Listing?

The listing, also known as the Blue Book, can be found on-line at www.socialsecurity.gov/disability/professionals/bluebook.

Step 4 – Does the impairment allow for past relevant work?

- DDS assesses applicant's *residual functional capacity*
- DDS acknowledges that the person has an impairment and asks: *Can the person still do relevant work despite this impairment?*

Step 4 – Does the Impairment Allow for Past Relevant Work to Be Done?

Step 5 – Can the person do any other work?

- Examining person's past work history, age and education, DDS determines whether or not the person can do other work that exists in the national economy
- It does not matter whether the work exists in the individual's home town – *Does work exist that this person can do?*
- Determined through *Dictionary of Occupational Titles*
- To deny a person at this step, DDS needs to articulate three jobs that the person can do

Words of Advice

The manual used in step 5, the *Dictionary of Occupational Titles*, is published by the Department of Labor. It is a two-volume publication that includes obscure jobs, e.g. lace winder or pedigree tracer, as well as common ones. Technically, a DDS examiner can use any three of the jobs listed in the manual to support an ability to work.

Step 5 – Can the Person Do Any Other Work?

Approval?

- **Step 3 is critical**
- Steps 4 and 5 are more subjective and more difficult to assess
- Case manager's role immeasurable in providing medical proof
- Time necessary to process claim and receive benefits shortened if approved at Step 3

The Significance of Step 3

Step 3 of the sequential evaluation is a critical step for many reasons:

- It is the first step at which a person can be approved for benefits
- If case managers feel strongly that someone meets SSA's disability criteria, this is the step where it can generally be proven
- It usually saves the applicant time, so he or she can begin receiving benefits more quickly
- Once eligibility is determined at step 3, steps 4 and 5 are not necessary
- It allows for eligibility to be based on medical and functional information without additional evaluation of one's ability to do significant work
- If the DDS has enough information to support an approval, the claims examiner can do so without waiting for additional information

The more steps an applicant goes through, the longer the disability determination is likely to take.

Words
of
Advice

Denial

- Step 1 – If applicant is working and earning at SGA level or higher
- Step 2 – If person does not have a severe impairment
- Step 4 – If impairment does not affect a person's ability to do past relevant work
- Step 5 – If alternative work can be found

Denial

An applicant may be denied at steps 1, 2, 4, and 5. What are some reasons that an applicant might be denied eligibility?

Considering Eligibility

TRAINING EXERCISE G

Read the scenarios, answer the questions and be prepared to discuss:

- What are possible diagnoses and what information points to these?
- Are these diagnoses enough to qualify under SSA's listings?
- Is additional information necessary to make a compelling argument for disability?

TRAINING EXERCISE G: CONSIDERING ELIGIBILITY

Instructions

The following mini-scenarios present individuals who are seeking disability benefits. Based on the information in the scenarios, complete the exercise questions and be prepared to discuss your answers.

Scenario One — Flora

Flora is a 23-year-old woman who has been depressed since she was a child. However, she finished high school, obtained an Associate's degree from college and has worked as a nursing assistant since age 21, with periods of a few months of unemployment over time. She is in treatment for her depression but requires no medication. While she has never been hospitalized, Flora clearly struggles. During her most recent time of unemployment, she lived for a month in a shelter. Physically, Flora has moderately high blood pressure and is overweight.

Questions:

1. Do you think Flora has any illnesses that could be considered for disability?

☐ Yes

☐ No

Why? _____

2. In your opinion, do you think there is enough information to make a determination?

☐ Yes

☐ No

Why? _____

3. What additional information might be needed or helpful for the application?

Scenario Two — Fred

Fred is a 45-year-old man who has a history of a bipolar disorder with several years of outpatient treatment. He continues to struggle but keeps appointments. When he takes his medications, he is a pleasant fellow who works fairly well with other people. Sometimes, though, Fred forgets to take his medication. When he does forget, his symptoms return, and he has been known to get fired or get into difficulty at work. On occasion, when Fred has not taken his medication for some time, he has become quite ill and has been hospitalized. Fred also has fairly frequent headaches; although he's had an evaluation of these, no cause has been found. He has some digestive problems as well, including ulcers and frequent diarrhea.

Questions:

1. Do you think Fred has any illnesses that could be considered for disability?

☐ Yes

☐ No

Why? _____

2. In your opinion, do you think there is enough information to make a determination?

☐ Yes

☐ No

Why? _____

3. What additional information might be needed or helpful for the application?

Scenario Three — Doris

Doris is 37 years old. She was first diagnosed with schizophrenia at age 21. She recently started supported employment for the first time and spent some time in a vocational training program. Prior to this, she never had been employed. In the past, Doris had inconsistent attendance at treatment, but she has done better since she has had supportive services. Despite a history of hospitalizations, she hasn't been hospitalized in over a year. She also finally has a medication that she feels works for her. Although things are improving, Doris still struggles with ongoing symptoms of hearing voices and feeling others are talking about her. Physically, she is healthy except for some back and sinus problems.

Questions:

1. Do you think Doris has any illnesses that could be considered for disability?

☐ Yes

☐ No

Why? _____

2. In your opinion, do you think there is enough information to make a determination?

☐ Yes

☐ No

Why? _____

3. What additional information might be needed or helpful for the application?

Summary

- Understanding SSA disability criteria is critical
- A case manager is often the only conduit for people who are homeless in their search for resources
- Knowing eligibility criteria can greatly assist in deciding which services and/or income resources to pursue

Note

New Terms:

Dictionary of
Occupational Titles

“Listing”

Residual Functional
Capacity

Sequential Evaluation

See the Glossary

Summary

- To serve all individuals most effectively, a case manager’s understanding of the SSA’s disability criteria is critical
- A case manager is often the only conduit for people who are homeless in their search for resources, including income and other services
- Knowing eligibility criteria can greatly assist in deciding which services and/or income resources to pursue

Note

See Handy Tips on
the next page before
moving on to the next
module.

Handy Tips

- The functional information observed and provided at step 2 is critical.
- Observing and describing functional difficulties meets one of the three criteria necessary for a person to qualify for disability under SSA's rules.
- This functional description is included in the Medical Summary Report, the components of which are described in Modules X-XIII.
- Aiming to provide information so a person can be found eligible at step 3 can shorten the process and expedite benefits.
- Steps 4 and 5 require more subjective assessment and add time to the process.
- Case managers need to keep in mind that stating a person has a disability is a *conclusion* based on observations of symptoms and behaviors and what the individual reports. SSA and DDS need to know the *observations* that led to this conclusion, not simply the conclusion.
- The role of the case manager is to collect information, present it clearly, address the three major eligibility criteria, and ensure that all aspects of eligibility are covered comprehensively and accurately.

MODULE VI

Medical Information on Mental Illness



Introduction

This module examines a variety of common mental illness diagnoses. In discussing each diagnosis, the focus will be to consider how the symptoms may affect the case manager's interaction with an individual, as well as how diagnoses are relevant in the application process. It is *not* meant to teach how to diagnose.

Module Topics

- Categories of Mental Impairments — The “Blue Book” or the “Listings”
- Diagnoses — Tips for Case Managers
- Commonly Used Medications to Treat Psychiatric Illness
- A Description of Mental Health Services

Blue Book

- *Disability Evaluations Under Social Security*
- Listing of disorders relating to disability
- Mental health listings not the same as the DSM
- Listing = diagnosis, symptoms, AND functioning

Blue Book — *Disability Evaluations Under Social Security*

Disability Evaluations Under Social Security provides a listing of disorders that relate to disability and the criteria for determining disability. It is commonly referred to as the “Blue Book” or the “Listings.” It also presents “an overview of the disability programs administered by the SSA and the kinds of information health professionals can furnish to help ensure sound and prompt decisions on disability claims.”

Diagnosis Is Not Enough

To be eligible for SSI and/or SSDI disability benefits, a diagnosis of a mental illness is not enough. People with bipolar disorder, schizophrenia, and major depression, to name some of the major illnesses, can — and do — work. Thus, the diagnosis alone provides little information regarding ability to work. The illness needs to be tied to functional impairment.

The Blue Book or the Listings can be found on-line at www.socialsecurity.gov/disability/professionals/bluebook. It is updated regularly.

Using the Blue Book

For each category of mental impairment

- General description of disorder
- Section A – types of symptoms and impairments
- Section B – required “level of severity”

Requirement to qualify

- An individual must meet A + B
OR
- C – medically documented history (longer period of documentation)

Using the Blue Book

Using the Information in the Participant Guide

For each category of mental impairment

- An excerpt from the Blue Book Listings
- Key terminology related to the disorder
- Tips for working with a person with this disorder
- Tips for documenting impairment in functioning

Participant Guide

This *Participant Guide* provides information about each of the Blue Book categories of mental impairments. For each category, the *Participant Guide* provides

- The listing from the Blue Book
- A list of key terminology related to the disorder
- Tips for working with a person who has this disorder
- Tips for documenting disorders and impairment in functioning

Categories of Mental Impairments

(according to the Blue Book)

Organic Mental Disorders
Schizophrenia, Paranoia, and other Psychotic Disorders
Affective Disorders
Mental Retardation
Anxiety-Related Disorders
Somatoform Disorders
Personality Disorders
Substance Addiction Disorders
Autistic Disorder and Other Pervasive Developmental Disorders

Categories of Mental Impairments

This slide provides a list of the categories relating to mental illness listed in the Blue Book. While it is important to understand the symptoms relating to each diagnosis, it is more important to think about the person who has this diagnosis. Think about:

- What is most noticeable about serving this person?
- What symptoms/behaviors seem to be common?
- How do these symptoms/behaviors seem to affect the person's life and functioning?
- What is it like to provide services to a person with this disorder?
- What questions have arisen in working with this person that still need to be answered?

See the Glossary at the end of the *Participant Guide* for definitions of technical terms.

Note

12.02 Organic Mental Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.02 Organic Mental Disorders

Psychological or behavioral abnormalities associated with a dysfunction of the brain. History and physical examination or laboratory tests demonstrate the presence of a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities.

The required level of severity for these disorders is met when the requirements of both A and B are satisfied, or when the requirements of C are satisfied.

A. Demonstration of a loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one (1) of the following:

1. Disorientation of time and place; or
2. Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past); or
3. Perceptual or thinking disturbances (e.g., hallucinations, delusions); or
4. Change in personality; or
5. Disturbance in mood; or
6. Emotional lability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
7. Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on a neuropsychological test (e.g., Luria-Nebraska, Halstead-Reitan, etc.).

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

OR

C. Medically documented history of a chronic organic mental disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Organic Mental Disorders

TIPS

Obtain a Comprehensive History

Obtain Objective Proof

Be Aware of Possible Link to
Substance Use

Tips for Working with People with Organic Mental Disorders

- Obtain a comprehensive history
 - Often a person who has an organic mental disorder displays impulsive, insensitive, and/or destructive actions
 - Initially, he or she may appear to have another illness
 - Obtaining a comprehensive history is a vital step toward making an accurate diagnosis and providing appropriate services
 - Such a history should include information on possible brain damage that may have resulted from accidents, abuse, injury, and/or substance use
 - Keep in mind that the majority of people who are homeless have histories of physical trauma that may result in organic or cognitive impairment
- Obtain objective proof
 - A case manager should keep in mind that medical or psychological testing (or other proof) is necessary to corroborate a diagnosis of organic mental disorder
- Be aware of the possible link to substance abuse
 - Long-term use of drugs and/or alcohol may cause significant brain damage

12.03 Schizophrenia, Paranoia, and Other Psychotic Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.03 Schizophrenia, Paranoia, and other Psychotic Disorders

Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

The required level of severity for these disorders is met when the requirements of both A and B are satisfied, or when the requirements of C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one or more of the following:

1. Delusions or hallucinations; or
2. Catatonic or other grossly disorganized behavior; or
3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. Blunt affect; or
 - b. Flat affect; or
 - c. Inappropriate affect; or
4. Emotional withdrawal and/or isolation.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

OR

C. Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Schizophrenia, Paranoia, and Other Psychotic Disorders

TIPS

Understand the Meaning Behind the Words

Be Aware of Personal Space

Look for Negative Symptoms

Be Alert to Different Responses

Tips for Working with People with Schizophrenia, Paranoia, and other Psychotic Disorders

- Understand the meaning behind the words
 - A person who has schizophrenia or another psychotic disorder often has conversations that are difficult to follow
 - It is usually not helpful to challenge the person on his or her lack of realistic perceptions and beliefs
- Be aware of personal space
 - A person with a psychotic disorder may have a different sense of personal boundaries or space; be sensitive to these boundaries and avoid violating them
- Look for negative symptoms
 - Along with “positive” symptoms, such as delusions, a person can exhibit what are known as “negative” symptoms, e.g., a lack of energy or motivation
- Be alert to different responses
 - Paranoia can be a symptom of schizophrenia or can be considered a disorder on its own, if certain criteria are met
 - Case managers should be aware of their own behavior and responses to avoid exacerbating the already heightened suspicion of individuals with paranoia
 - Be extremely clear about intentions and the help to be provided
 - Be as consistent as possible to help reduce mistrust and suspicion (e.g., keep scheduled appointments, follow through on promises)

12.04 Affective Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.04 Affective Disorders

Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.

The required level of severity for these disorders is met when the requirements of both A and B are satisfied, or when the requirements of C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four (4) of the following:
 - a. Anhedonia or pervasive loss of interest in most activities; or
 - b. Appetite disturbance with change in weight; or
 - c. Sleep disturbance; or
 - d. Psychomotor agitation or retardation; or
 - e. Decreased energy; or
 - f. Feelings of guilt or worthlessness; or
 - g. Difficulty concentrating or thinking; or
 - h. Thoughts of suicide; or
 - i. Hallucinations, delusions, or paranoid thinking; or
2. Manic syndrome characterized by at least three (3) of the following:
 - a. Hyperactivity; or
 - b. Pressure of speech; or
 - c. Flight of ideas; or
 - d. Inflated self-esteem; or
 - e. Decreased need for sleep; or
 - f. Easy distractibility; or

- g. Involvement in activities that have a high probability of painful consequences that are not recognized; or
- h. Hallucinations, delusions, or paranoid thinking; or
- 3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes).

AND

B. Resulting in at least two of the following:

- 1. Marked restriction of activities of daily living; or
- 2. Marked difficulties in maintaining social functioning; or
- 3. Marked difficulties in maintaining concentration, persistence or pace; or
- 4. Repeated episodes of decompensation, each of extended duration.

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

- 1. Repeated episodes of decompensation, each of extended duration; or
- 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
- 3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Affective Disorders

TIPS

Identify Early Warning Signs of Change

Understand Work History

Be Aware of Impact of Mood Swings

Discuss “Ups and Downs”

Look for Change in Appearance

Tips for Working with People with Affective Disorders

- Identify early warning signs of change
 - A person with bipolar disorder often experiences loss of behavioral control with mood shifts; actions that appear to be willful often are symptoms of the illness
 - Targeting early signs of mood shifts can help to manage the change
- Understand the work history
 - A comprehensive work history can provide a measurement of the vacillating course of a person’s illness
 - Look for multiple jobs of short duration, a number of firings, or abrupt resignations
- Be aware of the impact of mood swings
 - Sometimes a person may have boundless energy and be quite irritable; at other times, the person may be very depressed with suicidal thoughts and behavior
 - To avoid succumbing to this feeling, develop strategies that help ease the situation and are empathic to the person’s experience
- Discuss the “ups” and the “downs”
 - When documenting the effects of bipolar disorder, indicate how symptoms affect a person’s behavior and ability to accomplish and manage daily functions
- Look for clues in appearance
 - Changes in appearance can offer clues, e.g. notable differences from typical style or lack of hygiene

12.05 Mental Retardation

Excerpt From:

Disability Evaluations Under Social Security

12.05 Mental Retardation

Mental retardation refers to significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22.

The required level of severity for these disorders is met when the requirements of A, B, C, or D are satisfied.

A. Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow directions, such that the use of standardized measures of intellectual functioning is precluded;

OR

B. A valid verbal, performance, or full scale IQ of 59 or less;

OR

C. A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or mental impairment imposing an additional and significant work-related limitation of function;

OR

D. A valid verbal, performance, or full scale IQ of 60 through 70, resulting in at least two (2) of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

Mental Retardation

TIPS

Understand the Person's History
Be Conscious of Age Requirement
Document Everything
Be as Clear as Possible

Tips for Working with People with Mental Retardation

- Understand the person's history
 - When working with a person with some cognitive impairment, a case manager needs to understand the person's past condition and what has changed
- Be conscious of the age requirement
 - Since the definition of mental retardation requires onset of the impairment before the person was 22 years old, discovering any treatment information before age 22 may be useful
- Document everything
 - Many people who are homeless have a variety of cognitive impairments but may not meet the requirements for mental retardation as defined by DDS
 - Identify the cognitive impairments, and include results of psychological or neuropsychological testing
- Be as clear as possible
 - When working with someone who has cognitive difficulties, be sure that the individual is able to follow the information or instructions
 - Split tasks into easy-to-follow steps
 - Be very clear about information such as meeting times, agendas, and who will be taking care of each step
 - Check with the individual often to assure that he or she understands the process

12.06 Anxiety-Related Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.06 Anxiety-Related Disorders

In these disorders, anxiety is either the predominant disturbance or it is experienced if the individual attempts to master symptoms; for example confronting the dreaded object or situation in a phobic disorder or resisting the obsessions or compulsions in obsessive compulsive disorders. The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in both A and C are satisfied.

A. Medically documented findings of at least one (1) of the following:

1. Generalized persistent anxiety accompanied by three (3) out of four (4) of the following signs or symptoms:
 - a. Motor tension; or
 - b. Autonomic hyperactivity; or
 - c. Apprehensive expectation; or
 - d. Vigilance and scanning; or
2. A persistent irrational fear of a specific object, activity, or situation, which results in a compelling desire to avoid the dreaded object, activity, or situation; or
3. Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average at least once a week; or
4. Recurrent obsessions or compulsions that are a source of marked distress; or
5. Recurrent and intrusive recollections of a traumatic experience that are a source of marked distress.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

OR

- C. Resulting in complete inability to function independently outside the area of one's home.**

Anxiety-Related Disorders

TIPS

Look for Physical Symptoms
Rules out Possible Physical Illness
Acknowledge the Person's Feelings
Help with a Part of the Problem

Tips for Working with People with Anxiety-Related Disorders

- Look for physical symptoms
 - Difficulty breathing, wringing hands, sweaty hands, shaking or trembling, and dizziness or faintness may signal anxiety
- Rule out possible physical illness
 - Physical examination is especially critical for people with anxiety, whose symptoms may be linked to physical illness
- Acknowledge the person's feelings
 - Acknowledge how overwhelming tension, worry, and fear must be
- Help with a part of the problem
 - Divide the application tasks into steps that the person can manage
- Trauma
 - Anxiety may involve a trauma history; PTSD falls under this listing
 - If a case manager is not skilled in discussing trauma with people, he or she should not do so
 - Case managers must ensure safety at all times when working with someone with trauma
 - Be certain that a person will be safe after discussing traumatic experiences
 - Elicit only enough information to understand a person's traumatic experiences and how they might affect the person's functioning

12.07 Somatoform Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.07 Somatoform Disorders

Physical symptoms with no demonstrable organic findings or known physiological mechanisms.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied

A. Medically documented by evidence of one of the following:

1. A history of multiple physical symptoms of several years duration, beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly; or
2. Persistent non-organic disturbance of one of the following:
 - a. Vision; or
 - b. Speech; or
 - c. Hearing; or
 - d. Use of a limb; or
 - e. Movement and its control (e.g., coordination disturbance, psychogenic seizures, akinesia, dyskinesia); or
 - f. Sensation (e.g., diminished or heightened).
3. Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

Somatoform Disorders

TIPS

Ensure Proper Medical Evaluation
Learn to Recognize Common Symptoms

Tips for Working with People with Somatoform Disorders

- Ensure proper medical evaluation
 - While somatoform disorders are not very common among people who are homeless, they do constitute a category within the DDS “Blue Book”
 - For an accurate determination to be made, the individual requires a thorough physical evaluation
- Learn to recognize common symptoms
 - Become familiar with physical health problems frequently seen in people who are homeless

12.08 Personality Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.08 Personality Disorders

A personality disorder exists when personality traits are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective distress. Characteristic features are typical of the individual's long-term functioning and are not limited to discrete episodes of illness.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

A. Deeply ingrained, maladaptive patterns of behavior associated with one of the following:

1. Seclusiveness or autistic thinking; or
2. Pathologically inappropriate suspiciousness or hostility; or
3. Oddities of thought, perception, speech and behavior; or
4. Persistent disturbances of mood or affect; or
5. Pathological dependence, passivity or aggressivity; or
6. Intense and unstable interpersonal relationships and impulsive and damaging behavior;

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

Personality Disorders

TIPS

Be Alert to Definitional Differences

Look for Symptoms over Time

Look under the Surface

Be Persistent and Consistent

Tips for Working with People with Personality Disorders

- Be alert to definitional differences
 - Note that the definition and symptom criteria listed for personality disorders in the Blue Book do not match exactly the descriptions and information in either the *International Classification of Disorders (ICD-10)* or the *Diagnostic and Statistical Manual of Mental Disorders*
- Look for symptoms over time
 - Personality disorder diagnoses require a thorough understanding of a person's current and past functioning
- Look under the surface
 - Behavior is a means of coping and adaptation, often learned early in life
 - Behavior may result from trauma
 - Case managers may find some behaviors annoying; seek the meaning behind such behavior
- Be persistent and consistent

12.09 Substance Addiction Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.09 Substance Addiction Disorders

Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

The required level of severity for these disorders is met when the requirements in any one of the following (A through I) are satisfied.

- A. Organic mental disorders (evaluate under 12.02)**
- B. Depressive syndrome (evaluate under 12.04)**
- C. Anxiety disorders (evaluate under 12.06)**
- D. Personality disorders (evaluate under 12.08)**
- E. Peripheral neuropathies (evaluate under 11.14)**
- F. Liver damage (Evaluate under 5.05)**
- G. Gastritis (Evaluate under 5.04)**
- H. Pancreatitis (evaluate under 5.08)**
- I. Seizures (evaluate under 11.02 or 11.03)**

Substance Addiction Disorders

TIPS

Use the History
Consider the Context of Substance Use

Tips for Working with People with Substance Addiction Disorders

- Use the history
 - Discuss the person's substance use within the context of his or her experiences and life history
- Consider the context of substance use
 - Look at an individual's personal and psychiatric history, efforts to stop alcohol or drug use, and the repercussions from such efforts, as well as impact on psychiatric symptoms

Navigating the complications of alcohol or drug use is difficult and requires careful judgment and assessment. Brainstorm with team members and get input from treatment providers to make an accurate assessment.

Note

12.10 Autistic Disorder and Other Pervasive Developmental Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.10 Autistic Disorder and other Pervasive Developmental Disorders

Characterized by qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often, there is a markedly restricted repertoire of activities and interests, frequently are stereotyped and repetitive.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

A. Medically documented findings of the following:

1. For autistic disorder, all of the following:
 - a. Qualitative deficits in reciprocal social interaction; and
 - b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity; and
 - c. Markedly restricted repertoire of activities and interests; or
2. For other pervasive developmental disorders, both of the following:
 - a. Qualitative deficits in reciprocal social interaction; and
 - b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

Autistic Disorder and Other Pervasive Developmental Disorders

TIPS

Be Aware of Low Prevalence
Involve Skilled Clinicians
Look for Early Diagnosis

Tips for Working with People with Autistic Disorder and Other Pervasive Developmental Disorders

- Be aware of low prevalence
 - This category of mental impairments is not common in persons who are homeless
 - This is partly because people with these disorders frequently have significant difficulty managing on their own and/or because these disorders begin in childhood
- Involve skilled clinicians
 - Involvement of skilled clinicians in the evaluation of these disorders is critical
 - Thorough physical examinations should be done to rule out any medical condition that could contribute to the person's symptoms or illness
- Look for early diagnosis
 - Often, an individual with a pervasive developmental disorder has been diagnosed early in life
 - Complete medical histories can provide vital clues for a case manager and clinician considering these diagnoses

Medications

- *Commonly Used Medications for Psychiatric Illness*
- People with mental illness often take medications or took them at one time
- Medications can provide clues

Note

A chart of *Commonly Used Medications for Psychiatric Illness* can be found on pages 37–38 of this module.

Medications Can Provide Clues

Mental Health Services

Treatment	Rehabilitation
Inpatient Hospitalization	Psychiatric Rehabilitation Day Program
Day Hospital Partial Hospital Day Treatment Intensive Outpatient	Vocational Services
Outpatient Mental Health Clinic	Residential Rehabilitation Supported Housing
Mobile Treatment Team	
Respite/Crisis Care Services	
Case Management/Community-Supported Program	

Types of Mental Health Services

Familiarity with different types of mental health services can be very beneficial when applying for disability benefits. Case managers familiar with these services are able to search more efficiently and effectively for necessary information.

Treatment

- Inpatient hospitalization
- Day hospital/partial hospital/day treatment/intensive outpatient

- Outpatient mental health clinic

- Mobile treatment team

Rehabilitation

- Psychiatric rehabilitation day program
- Vocational services
- Residential rehabilitation/supported housing

Other Supportive Services

- Respite/crisis services
- Case management/community-supported program

Summary

When thinking about diagnosis, consider:

- What needs to be addressed for SSI/SSDI purposes
- How understanding diagnosis informs practice and relationships with those we serve

Note

See Handy Tips on the next page before moving on to the next module.

Handy Tips

- Use this module as a reference for information about mental health diagnoses and terms. It also provides helpful hints for working with people who receive these diagnoses.
- Collaborate with someone who has clinical expertise and experience to understand and assess individuals, their illnesses, and the impact of illness on ability to work SGA.
- Maintain ongoing communication with the applicant's treatment team, including clinical consultants and supervisors.
- Focus on developing listening and observational skills. Be sure to understand a person's story from his or her perspective. If the story is not complete, it is essential to learn more.
- It is important to assess a person's ability to work and to ensure the accuracy of his or her diagnoses. Work collaboratively with treatment providers to take a "fresh look" at diagnoses and to ensure that service planning meets the person's needs.

Example: People diagnosed with antisocial personality disorder often act impulsively, without regard to others. People with brain damage may also act impulsively and have difficulty assessing or limiting the consequences of their actions. Appropriate treatment depends upon accurate diagnosis.

- Case managers need a forum to address the difficulties and frustrations of this work, as well as the successes and rewards. Professional development should be encouraged and fostered through supervision and access to clinical expertise.

Commonly Used Medications for Psychiatric Illness

	GENERIC NAME	TRADE NAME
ANTIPSYCHOTICS (FOR PSYCHOTIC SYMPTOMS)	Aripiprazole	Abilify
	Chlorprothixene	Taractan
	Chlorpromazine	Thorazine
	Clozapine	Clozaril
	Fluphenazine	Prolixin
	Haloperidol	Haldol
	Loxapine	Loxitane/Daxolin
	Mesoridazine	Serentil
	Molindone	Moban
	Olanzapine	Zyprexa
	Perphenazine	Trilafon
	Prochlorperazine	Compazine
	Quetiapine	Seroquel
	Risperidone	Risperdal
	Thioridazine	Mellaril
	Thiothixine	Navane
	Trifluoperazine	Stelazine
	Ziprasidone	Geodon
ANTIDEPRESSANTS (FOR DEPRESSION) (SOMETIMES USED FOR ANXIETY DISORDERS OR OTHER MEDICAL PROBLEMS)	Amitriptyline	Elavil
	Amoxapine	Ascendin
	Bupropion	Wellbutrin
	Citalopram /Escitalopram	Celexa/Lexapro
	Clomipramine	Anafranil
	Desipramine	Norpramin
	Doxepin	Adapin/Sinequan
	Duloxetine	Cymbalta
	Fluoxetine	Prozac
	Fluvoxamine	Luvox
	Imipramine	Tofranil
	Isocarboxazid	Marplan
	Maprotiline	Ludiomil
	Mirtazapine	Remeron
	Nefazodone	Serzone
	Nortriptyline	Pamelor/Aventyl
	Paroxetine	Paxil
	Phenelzine	Nardil
	Protriptyline	Vivactil
	Sertraline	Zoloft
	Tranlycypromine	Parnate
	Trazodone	Desyrel
	Trimipramine	Surmontil
	Venlafaxine	Effexor

Commonly Used Medications for Psychiatric Illness continued

	GENERIC NAME	TRADE NAME
ANXIOLYTICS (FOR ANXIETY)	Alprazolam	Xanax
	Buspirone	Buspar
	Chlorazepate	Tranxene
	Chlordiazepoxide	Librium
	Clonazepam	Klonopin
	Diazepam	Valium
	Halazepam	Paxipam
	Hydroxyzine	Atarax
	Hydroxazine	Vistaril
	Lorazepam	Ativan
	Oxazepam	Serax
	Prazepam	Centrax
ANTICONVULSANTS (FOR SEIZURES) (SOME ARE ALSO USED AS MOOD STABILIZERS)	Gabapentin	Neurontin
	Carbamazepine	Tegretol
	Lamotrigine	Lamictal
	Oxcarbazepine	Tripeptal
	Phenytoin	Dilatin
	Tiagabine	Gabitril
	Topiramate	Topamax
	Valproic acid	Depakene/Depakote/Valproate
MOOD STABILIZERS	Lithium	Lithium Carbonate
		Lithobid
		Eskalith
FOR ADHD	Atomoxetine	Strattera
	Dextroamphetamine	Dexedrine
	l & d-amphetamine	Adderall/Adderall XR
	Guanfacine	Tenex
	Methylphenidate	Ritalin/Concerta
	Modafinil	Provigil
	Pemoline	Cylert
FOR SIDE EFFECTS OF ANTIPSYCHOTICS	Amantadine	Symmetrel
	Benzotropine	Cogentin
	Propranolol	Inderal
	Trihexyphenidyl	Artane
HYPNOTICS (FOR SLEEP)	Estazolam	ProSom
	Eszopiclone	Lunesta
	Flurazepam	Dalmane
	Temazepam	Restoril
	Triazolam	Halcion
	Zaleplon	Sonata
	Zolpidem	Ambien

MODULE VII

Co-Occurring Disorders: Mental Illness and Substance Use Disorders

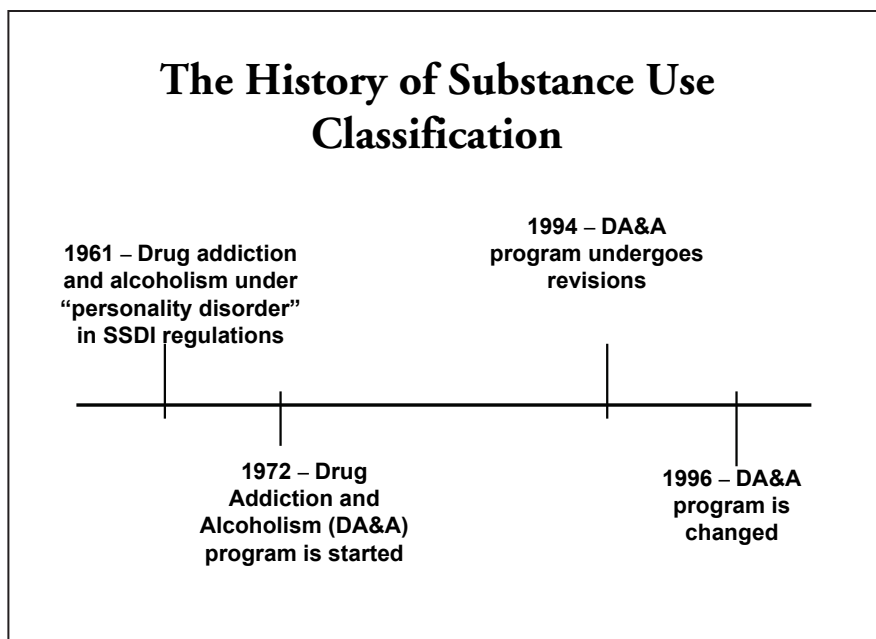


Introduction

Providing DDS with a complete picture of a person who is homeless and who has a mental illness is a difficult process. Add to this the issue of substance use, and the determination of disability becomes much more complex.

Module Topics

- History of Substance Use Classification for Disability Purposes by SSA
- Determining if Substance Use Disorder Is Material in Disability Determination
- Gathering Information About a Person's Substance Use



The Drug Addiction and Alcoholism (DA&A) Program

- Prior to 1996, if a person had a substance use disorder, SSA could decide that the substance use was contributory to a person’s disability and the person could be approved for benefits
- In 1996, Congress eliminated this consideration of substance use; a law was passed that said if a person’s substance use were material to his or her disability, the person would be denied benefits

Determining if a Substance Use Disorder Is “Material”

Would the person be disabled by one or more disorders if he or she were clean and sober?

- *If yes*, then the person would be eligible for benefits
(The person does not have to be clean and sober for this judgment to be made)
- *If no*, then substance use is “material”
(The person would not be eligible for benefits)

The Concept of “Material”

- Substance use is considered material to a person’s disability if he or she *would not be disabled* if clean and sober; this person would not be eligible for disability benefits
- If it is determined that the individual *would be disabled* when clean and sober, then he or she would be eligible for disability benefits; it is important to remember that a person does not have to become clean and sober for this judgment to be made
- The significant question to answer: If the individual were clean and sober, would he or she be disabled by one or more other disorders?

Team Effort

- Do not assume automatic denial
- The synergy of substance use and mental illness
- The pitfalls of commonly asked questions
- Phrasing of questions is important

Words of Advice

Figuring out how best to navigate the complications of alcohol or drug use is filled with difficult judgments and assessments. Workers need to brainstorm with team members and treating sources to make such judgments accurately and effectively.

Determining Whether Substance Use Is “Material”

- Team effort
- Do not assume automatic denial
- The synergy of substance use and mental illness
- The pitfalls of commonly asked questions
- Phrasing of questions is important

Three Applicant Vignettes

TRAINING EXERCISE H

- Is the substance use likely to be considered “material” to the disability?
- Why or why not?

TRAINING EXERCISE H: THREE APPLICANT VIGNETTES

Introduction

Is substance abuse material to an individual’s disability? Sometimes the answer to this question seems impossible to determine. In this activity, we will explore ways to assess and report on a person’s substance use.

Instructions

1. On pages 5–8 of this module, you will find three vignettes that illustrate a series of hypothetical observations and write-ups a case manager may create to assist the DDS with a determination.
2. Read through each write-up.
3. Based on the information in each vignette, determine whether you think the individual will be found disabled by SSA.

The Story of Sam

When Sam was a youngster, he was quiet and somewhat withdrawn. He grew up with his mother and stepfather. Sam’s stepfather was a big, husky guy with a booming voice who often intimidated Sam and his mother. The stepfather also would drink heavily and, at those times, became physically and verbally abusive to both Sam and his mother. Sometimes, when the stepfather would return from a bar, he would wake Sam up and beat him for some perceived transgression even if it were not so. Sam’s mother, also afraid of the stepfather, did not protect Sam.

Sam grew into a teenager who had very few friends. His schoolwork was poorly done as he remained so anxious and frightened at home. He did not tell anyone about the situation because he was ashamed. At times, he thought about suicide, even as a

young teenager. At one point, at age 14, Sam tried to hang himself in the garage. His mother found him and released him, comforting and chastising him at the same time. They decided to keep this another secret from Sam's stepfather.

Sam barely finished high school. His teachers noticed a change in him and sent him to the school guidance counselor. Sam was clearly very depressed; he remained, for a brief period, in counseling and then quit, feeling it didn't help. He took up drinking and found that, then, his terribly overwhelming sad thoughts went away for a while. He snuck drinks at home and also began smoking marijuana. He liked the euphoria that this drug gave him.

After he left school, Sam continued to drink and smoke marijuana. When he was not using, he felt his depression overtake him. He tried to work at several part-time jobs — at Wendy's, warehouse work, Lowe's, and a supermarket — but these jobs did not last. Sam simply could not keep up with the work, and he was let go. These rejections caused him to drink more, and the vicious cycle continued. Each time, he stopped using, he became so depressed that he thought of killing himself.

One day, Sam became so depressed that he cut his wrists severely. His mother found him and, this time, called an ambulance. For the first time, Sam was hospitalized and treatment was begun for his depression. This began in 2002; at the age of 24, Sam was beginning to have appropriate treatment and to work on the underlying issues related to his depression. Although his alcohol and drug use continues, it has decreased slowly.

Sam remains in treatment and also remains very depressed. His suicidal thoughts are less frequent; he takes medication although not always as prescribed because sometimes he feels it doesn't help. He does attend his clinic appointments regularly and acknowledges the difficult effort he needs to make to manage his depression and to lessen the symptoms. He still has been unable to work and lives at home with his mother, who looks out for him. Even so, he has begun to make progress on a major depression that has haunted him most of his life.

- Is Sam's substance use likely to be considered material to his disability? ☐ Yes ☐ No

Why or why not?

- What else might you need to know?

The Tale of Theresa

Theresa grew up with her parents and two brothers. She was the oldest in the family and was expected to help with the care of her brothers. Her parents both were employed and relied on Theresa to assist them when she was fairly young. Theresa

resented this demand a bit but insists that she loved her brothers even so. Schoolwork came easily for Theresa in the elementary and middle schools. In high school, she felt awkward, unpopular, and worried about her future. She was introduced to alcohol by some friends at a party and found that this use eased her worries. Although she began to drink regularly on weekends, often consuming 6–12 beers a night, she believes that she kept this hidden from her parents. She figured she was just simply getting along and doing what the other kids did.

After high school, Theresa went on to a community college and did well. However, she continued to drink and began experimenting with other drugs. She liked the feeling of being high and felt that it did help her to relax. She moved on to a four-year college and this is where her substance use began to interfere significantly with her schoolwork. She decided to leave after a year and went to work in a computer position that paid well.

Unfortunately, Theresa continued to drink and use drugs; her use increased and the experimentation expanded until she began using cocaine on a regular basis. She felt that this drug made her more productive and more energetic. However, her employer began to notice that her work was not consistent. Theresa was given a warning to improve her work. Finally, as her use continued, she was let go.

Theresa then drifted from friend's to friend's to live. She had intermittent jobs but continued to use cocaine and alcohol. She did not feel that this was a problem for her but rather blamed her loss of work on her employers. Her friends also used with her, and she became estranged from her family. So, no one in her life was suggesting that she receive help.

Finally, on her own, Theresa decided that her life was not going well. Six months ago, she found herself having physical health problems, including gastrointestinal symptoms and intermittent breathing problems. She went to the local social services agency. They gave her a referral for substance use treatment, which she accepted. She has been attending treatment regularly for the last four months. Her use has abated, and she is back in college.

- Is Theresa's substance use likely to be considered material to her disability? ☐ Yes ☐ No

Why or why not?

- What else might you need to know?

The Narrative of Nolan

Nolan grew up in a tough neighborhood, where fights and abuse were commonplace. His mother frequently hit Nolan with whatever tool was handy — these included a broom, telephone cord, belt, or stick. Nolan and his four brothers were all disciplined

in this way. As he grew up, the treatment by his mother made him angry. He did poorly in school and the other kids made fun of him — his clothes were tattered, and he “couldn’t learn,” he said. Nolan left school at 16, finishing the tenth grade but just barely. He continues to have difficulty reading and writing. He is unable to read the newspaper but can write his name and read very simple sentences though this takes time.

As a youngster, Nolan got in many fights. At the age of 8, he was hit on the head with a baseball bat and was knocked out. He received no medical treatment. When he was 10, he got hit by a car while crossing the street and was taken to the emergency room. He was pronounced “ok,” according to him, and was sent home. After that, he said, he did have some headaches.

After he left school, Nolan started “hanging out” on the street with other kids. He sold drugs, bought things he wanted, and acted as if he had no cares. He began using drugs and found that he liked the way they made him feel. He became very aggressive and didn’t “let anyone push me around,” he said. He continued to get into fights and, often, would be hit and briefly knocked out. The drug and alcohol use continued.

As time went on, Nolan got into legal difficulties; he was arrested for assault several times as well as robbery and possession of drugs. He served five years in prison, from age 22–27. When he was released, he was on parole and managed to serve his time with only one violation, for which he served an additional year in prison. After his second release, he complied with parole.

In his early 30s, Nolan met Mary Sue, a nurse’s assistant who worked at a local clinic. They married and had two young children. Mary Sue did her best to help Nolan with his problems. Neither of them understood why he was so impulsive and quick to anger. He did not want to become angry with his family but found that he did so easily that it worried him. He did not feel that he could control his feelings and behavior. This was very troubling to him.

Many times, Nolan tried to work. He found that he had trouble focusing, didn’t finish the jobs on time, and was let go. This fed his anger and also caused him to feel worthless. He felt that his prison history made employers reluctant to hire him, and he acknowledged that he wasn’t a good worker. He was puzzled by all this. He said the doctors had told him he had an “antisocial personality disorder.” He didn’t know what it meant except to say that it meant he had done illegal things and didn’t act right.

Nolan began to attend a mental health clinic to try to find out about how he could control his behavior better. He said that they told him he was depressed, but that it wasn’t the depression that caused all his problems. His therapist and psychiatrist decided to have Nolan evaluated on a battery of neuropsychological tests as they wondered about the possibility of brain damage from Nolan’s extensive past head injuries. Through the testing, he was found to have severe and global cognitive deficits that clearly impaired his functioning.

- Is Nolan's substance use likely to be considered material to his disability? ☐ Yes ☐ No

Why or why not?

- What else might you need to know?

Gathering Information About Substance Use

- Have a comprehensive sense of what the substance use means to the person
- Ensure that adequate evaluation is done when needed
- Recognize the challenges of assessing a person's disability
- Use the *Substance Use Worksheet* as a tool for assessment

Note

The *Substance Use Worksheet* (Worksheet 4) can be found on pages 13–15 of this module.

Gathering Information About Substance Use

Summary

- Substance use often co-occurs with mental illness
- Mental illness often co-occurs with substance use
- Phrase questions carefully
- Seek understanding of meaning of substance use
- Understand concept of “material”

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

- Simply because a person has received treatment first for a substance use disorder does not mean that this disorder is “primary.” Often, underlying or co-occurring or interactive mental health issues exist and have not been identified or diagnosed. Such co-existing disorders affect one another; neither is primary or secondary.
- Avoid factual questions when asking about substance use such as: what, when, how often, how much, what was spent, or periods of greatest use. Ask questions that help to clarify the “meaning” or role of the substance use: Why do you use drugs? How do the drugs make you feel? How do you feel when you do not use drugs?
- Avoid words that require interpretation such as “abuse,” “dependence,” or “addiction.” Use neutral language to help understand the individual’s experiences.
- Long-term substance use and the associated life style places people at risk for brain damage (or “brain hurt”). Consider this possibility when working with adults who have significant histories of substance use. Further evaluation to assess possible brain damage or an organic mental disorder may be needed.
- Reassurance and trust are necessary to elicit accurate information about substance use. People may be reluctant to provide this information fearing that it will disqualify them for benefits or services; that there will be legal repercussions; or that it could impact visitation with children or family. Be patient, reassuring, and persistent.

Worksheet 4

Substance Use Worksheet

Name _____

DOB _____

SSN _____

GENERAL HISTORY

(Detailed information is listed on Worksheet 6, the Applicant Assessment form. Information on brain damage and past abuse is taken from that assessment.)

Brain damage history (due to head injury, illness, or substance use)? ☐ Yes ☐ NoHistory of physical abuse? ☐ Yes ☐ NoHistory of sexual abuse? ☐ Yes ☐ NoDiagnosis of serious and persistent mental illness? ☐ Yes ☐ No

List diagnoses: Axis I: (clinical disorders)

Axis II: (personality disorders, mental retardation)

Axis III: (physical health problems)

SUBSTANCE USE HISTORY

What do you drink now? About how much? What other drugs do you use, about how much, and (usually) how often? *(Obtain clarification if the person says something like “a little,” or “alot,” or “not much.”)*

Do you recall how old you were when you first started drinking (or using other drugs)?

What was going on in your life then? How was your life going?

What do you think made you decide to drink and/or use other drugs?

When you drank or used drugs, how did you feel? What was the effect of your use on your life?

What happened since that time? How would you describe your life since you've been using? What do you think affected how much you drank alcohol or used other drugs?

What is your substance of choice now (if you could use any alcohol or other drug that you wanted, what would it be)? Why do you prefer this drug? How does it make you feel? What does it do?

How old were you when you drank/used drugs the most? What was going on at that time?

Have you ever tried to limit your substance use? If yes, what happened?

Have you ever experienced blackouts (when you didn't remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?

Have you ever been in any treatment for your substance use? If yes, what kind of treatment? What was that like for you? Was it helpful? In what way?

Do you feel your substance use is a problem? Can you tell me why?

If you tried to stop drinking or using drugs now, what do you think would happen? How do you think you would do? How would you feel?

FUTURE STEPS

Further evaluation needed? ☐ Yes ☐ No

If yes, what type of evaluation?

Appointment dates for needed evaluation(s)			
Place	Address	Phone Number	Type of Evaluation

Interviewer _____

Date _____

Worksheet-4

MODULE VIII

Collecting the Medical Evidence: The Usual Process



Introduction

The usual process for collecting medical evidence can be fraught with difficulties resulting largely from homelessness: sporadic treatment histories; treatment in multiple locations, including emergency rooms; lack of continuity of care; and frequently, problems with recollection of when, where, and what services were received. This module examines the typical process for collecting medical evidence and the challenges in gathering this evidence for people who are homeless. It also discusses the role of consultative examinations.

Module Topics

- The Usual Process of Gathering Medical Evidence
- Possible Difficulties in the Process
- Consultative Exams

The Role of DDS – Review

- DDS = Disability Determination Services
- DDS makes disability determinations
- Non-medical evidence is processed at SSA; must meet criteria
- SSA sends to DDS: SSA-3368 Disability Report, SSA-3369 Work History Report, and SSA-827 Releases of Information
- DDS gathers and reviews the medical evidence
- DDS may request a consultative exam
- DDS renders disability determination
- SSA makes notification

The Role of the Disability Determination Services – DDS

Usual Process for Collection of Medical Evidence

- Disability Report and releases of information sent to DDS
- DDS sends releases to medical records departments of hospitals, clinics, and other providers
- Medical records staff take information from individual's record and sends back to DDS
- DDS contacts treating sources for additional information, if needed
- Decision?
 - Information may – or may not – be submitted
 - If information submitted and sufficient, decision is made
 - If information is not submitted or is insufficient, a consultative examination may be scheduled

Usual Process for Collection of Medical Evidence

Medical Evidence Is at the Heart of Disability Determination

- Medical evidence must be linked to functional impairment

Possible Difficulties in Usual Process

Medical Records Staff

- May send only specified or recent information
- Often unfamiliar with SSA/DDS process
- Rarely send progress notes – course of illness

Records often do not address functional information

Common Difficulties with the Process

- Only specified or recent information may be sent
- Medical records staff may not know the SSA/DDS process
- Time is lost waiting

Further Difficulties

Inconsistent Treatment

Poor Records

Forgotten Treatment

Transient Treatment

Further Difficulties...

- Inconsistent treatment
- Poor records
- Forgotten treatment
- Transient treatment

Consultative Exams (CEs)

- Additional examination by medical source
- Required by DDS when there is insufficient information to make determination
- DDS schedules from provider list – or qualified medical source

Consultative Examinations

Consultative examinations (CEs) are evaluations completed by physicians, psychologists, and other health professionals who have contracts with the DDS to complete such assessments. CEs usually are scheduled when existing medical records do not provide enough information for the DDS to make a disability determination.

CEs...

Benefits

- Additional information
- May be done by treating physician or psychologist
- DDS can request and pay for evaluations yet to be done

Drawbacks

- Fairly cursory
- May be done by professional unknown to individual
- Presenting self in best light
- Denial of illness

Consultative Exams

It is possible that the person could have the CE done by his or her own treating physician or psychologist. This would be a true benefit, as the person would not need to work with an additional professional. However, the physician or psychologist must be identified as a “qualified medical source” by the DDS.

Steps to Take

- Help ensure the appointment is kept
- Fully explain the CE to the applicant
- Encourage person to tell his or her “struggles”
- Explain that no special preparation or dress is required
- See *Elements of a C.E. Report* at the end of this module

Note

Elements of a Consultative Examination Report for a Disability Based on a Mental Disorder can be found on page 11–12 of this module.

Steps to Take

Summary

- Medical evidence is the heart of disability determination
- Diagnosis and resulting impairment are determined through medical records
- Only physicians and psychologists (and some other health professionals) can make diagnosis
- Other health care professionals can provide valuable information on functional impairment
- Consultative examinations have both benefits and drawbacks

New Terms:

Allowance

**Consultative
Examination**

See the Glossary

Note

**See Handy Tips on
the next page before
moving on to the next
module.**

Note

Handy Tips

- Collaboration and communication with all stakeholders, including medical records department directors and staff, can expedite the process and address usual difficulties. This is a key case manager role.
- Offering training to staff of medical records departments can be very useful in obtaining important information from records.
- Emphasize the financial advantages of cooperating in the provision of information for SSI – getting Medicaid helps to pay for uncompensated care costs.
- Write a letter to thank administrators in facilities or programs where medical records staff have been helpful.
- Having a diagnostic evaluation done prior to the submission of records and other information is not the same as a consultative exam (CE).
- CEs are ordered only when the available information is insufficient for DDS to make a determination.
- When consultative exams are ordered, prepare the applicant.

- Explain the reason for the appointment and its importance.

Example: “This is the doctor who wants to know the difficulties you’ve been experiencing to determine your eligibility for benefits. You don’t have to worry about hiding anything you’ve been feeling from this person. Simply answer the questions honestly and tell all that you feel is important to help the doctor understand.”

- Make sure that the appointment is kept. In many States, DDS agencies will only re-schedule for a total of two to three appointments. Not keeping the appointment can lead to a denial.
- The individual should not dress up or clean up especially for this appointment. Use sensitivity in offering this advice.

Example: “This doctor just wants to see you as you usually are. Don’t worry about making a special effort to dress up. Just be yourself and that will be just fine.”

Elements of a Consultative Examination (CE) Report for a Disability Based on a Mental Disorder

The CE report should show not only the individual's symptoms, laboratory findings (psychological test results), and diagnosis but also the effect of the mental disorder on the individual's ability to function in personal, social, and occupational situations.

GENERAL OBSERVATIONS

The CE report should include general observations of:

- How the individual came to the examination:
 - Alone or accompanied
 - Distance and mode of transportation
 - If by automobile, who drove
- General appearance
 - Dress
 - Grooming
 - Appearance of invalidism
- Attitude and degree of cooperation
- Posture and gait
- Involuntary movements

INFORMANT

The consultative examiner should identify the person providing the history (usually the claimant) and should provide an estimate of the reliability of the history.

CHIEF COMPLAINT

This usually will consist of the individual's allegations concerning any mental or physical problems.

HISTORY OF PRESENT ILLNESS

This should include a detailed chronological account of the onset and progression of the individual's current mental/emotional condition with special reference to:

- Date and circumstances of onset of the condition
- Date the individual reported that the condition began to interfere with work, and how it interfered
- Date the individual reported inability to work because of the condition, and the circumstances
- Attempts to return to work and the results
- Outpatient evaluations and treatment for mental and emotional problems, including:
 - Names of treating sources
 - Dates of treatment
 - Types of treatment (names and dosages of medications, if prescribed)
 - Response to treatment
- Hospitalizations for mental disorders, including:
 - Names of hospitals

- Dates
- Treatment and response
- Information concerning the individual's:
 - Activities of daily living
 - Social functioning
 - Ability to complete tasks in timely fashion and appropriately
 - Episodes of decompensation and their resulting effects

PAST HISTORY

This should include a longitudinal account of the individual's personal life, including:

- Relevant educational, medical, social, legal, military, marital, and occupational data and any associated problems in adjustment
- Details (dates, places, etc.) of any past history of outpatient treatment and hospitalizations for mental/emotional problems
- History, if any, of substance use and/or treatment in detoxification and rehabilitation centers

MENTAL STATUS

The individual case facts will determine the specific areas of mental status that need to be emphasized during the examination, but generally the report should include a detailed description of the individual's:

- Appearance, behavior, and speech (if not already described)
- Thought process (e.g., loosening of associations)
- Thought content (e.g., delusions)
- Perceptual abnormalities (e.g., hallucinations)
- Mood and affect (e.g., depression, mania)
- Sensorium and cognition (e.g., orientation, recall, memory, concentration, fund of information, and intelligence)
- Judgment and insight

DIAGNOSIS

This should include the American Psychiatric Association standard nomenclature as set forth in the current *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-IV-TR*.

PROGNOSIS

Prognosis and recommendations for treatment, if indicated, should be provided.

Recommendations for any other medical evaluation (e.g., neurological, general physical) should also be given, if indicated.

CAPABILITY DEVELOPMENT

Develop capability in every case (initial, reconsideration, continuing disability review when a CE for a mental disorder is being purchased). (Capability refers to an individual's ability to manage his or her funds.)

MODULE IX

The New and Improved Process



Introduction

There are four main parts to the new and improved strategy for submitting medical and other needed information for effective SSI/SSDI applications:

- A different medical evidence collection process
- Interviewing and assessment (Module X)
- Understanding and addressing functional information (Modules XI and XII)
- Writing a comprehensive Medical Summary Report (Module XIII)

Module IX builds a model of collecting medical evidence that is more effective for people who are homeless. It addresses the way public community programs operate; it develops information for people experiencing homelessness; and it emphasizes the case manager's role in coordinating this process along with the DDS examiner.

Module Topics

- New and Improved Process for Collection of Medical Evidence
- The New Electronic Process
- Useful Evidence for Determinations
- Possible Paths to Medical Evidence

Establishing New & Improved Process

- Work with SSA and DDS to set up process
 - Request flagging of applications at SSA and DDS
 - Discuss assignment of specific SSA and DDS staff to homeless applications
 - Have at least bi-weekly contact with assigned DDS examiner to track collection of evidence
- Contact directors of medical records departments to establish process for collecting information

Words of Advice

A case manager can greatly increase communication with SSA and DDS by becoming the applicant's representative.

Establishing New Process

- Work with SSA and DDS to set up process
- Contact medical records departments

New and Improved Process

For Collection of Evidence

- Make list of treating sources
- Have applicant sign two releases for each treating source
- Send releases to medical records departments
- Contact current treating providers
- Offer to copy the records
- Follow up weekly on information not received
- Organize records chronologically and review
- Continue to identify new sources of information
- Maintain contact with DDS

Collecting Evidence

- Make list of treating sources
- Have applicant sign two releases for each treating source
- Send releases of information to medical records departments

Once releases are sent, a case manager needs to follow up on a weekly basis to ensure that medical information is sent as quickly as possible to both DDS and the case manager.

**Words
of
Advice**

- Contact treating providers
- Offer to copy the records
- Follow up weekly on information not received
- Organize records chronologically and review
- Continue to identify new sources of information
- Maintain contact with DDS

The Electronic Process

- Complete SSDI application on-line
- Complete i3368PRO (Disability Report) on-line for SSI *and* SSDI
- Submit records electronically when possible
- OR fax records using applicant's bar code cover sheet available from DDS

The Electronic Process

SSA and DDS are moving quickly to a paperless system.

**Benefits
of the New Improved Process**

- Communication among parties
- Transparency of process
- Completeness of information

Benefits of the New and Improved Process

- Communication among parties
- Transparency of process
- Completeness of information

Useful Evidence for Determinations – Medical Evidence

- Psychiatric evaluations
- Physical health evaluations
- Specialty physical health evaluations
- Neurological work-up reports
- Laboratory results
- Diagnostic tests
- Neuropsychological tests
- Psychological tests
- Admission summaries
- Discharge summaries
- Progress notes

Useful Medical Evidence

Useful Evidence for Determinations – Collateral Information/Evaluations

- Bio-psychosocial evaluation reports
- Occupational therapy evaluation reports
- Vocational evaluation reports

Collateral Information

Possible Paths to Medical Evidence

Applicant
Friends/Family Members
Service Providers
Commonly Used Facilities
State Mental Health Departments
SAMHSA
Internet
Yellow Pages

Seeking Medical Evidence

There are several strategies a case manager can use when seeking medical evidence.

- Clarify as much as possible with the applicant
- Ask if there are friends or family members who might know
- Ask if there are former service providers
- Check with commonly used facilities in the area
- Search the State's mental health department Web site
- Use the SAMHSA Federal treatment facility locator: www.mentalhealth.samhsa.gov/databases
- Try a random Internet search
- Search the telephone directory ("Yellow Pages") of a particular city or State

Medical Evidence Worksheet

- Information listed on worksheet should be collected from medical records to support claim
- Each individual's medical record will vary
- This checklist helps to start organizing the search

Note

The *Medical Evidence Worksheet* (Worksheet 5) can be found on page 15 of this module.

Medical Evidence Worksheet

Collecting Medical Evidence

- Hospitals
- Clinics
- Psychiatric rehabilitation programs
- Mobile crisis or treatment services
- Partial hospital, day hospital, or day treatment programs
- Substance use treatment: detoxification services, outpatient services, residential services, methadone programs, etc.

Collecting Medical Evidence

To make the process of collecting medical evidence thorough yet efficient, develop strategies, short-cuts, templates, and routines.

Summary

This process...

...**does** work

...**is** possible

...**can** be done

Convey hope! Encourage the possibilities!

Note

See Handy Tips on the next page before moving on to the next module.

Summary

- Case managers need to consider ways to intervene in the “usual” process
- Suggestions are contained in this manual, but others are possible
- Remember that this process does work, it is possible, it can be done
- Always convey a message of hope and possibility!

Handy Tips

- It is clearly possible to achieve approval on initial application and to avoid hearings. Be sure to understand the criteria for disability benefits under SSA and provide the necessary information to address these criteria. Doing the necessary work up front ensures success.
- Before submitting applications, establish good communication and develop a process with SSA and DDS to expedite the applications.
- Case managers, SSA and DDS share a common goal – to facilitate accurate and timely disability determinations.
- If a DDS examiner (or adjudicator) receives sufficient information to approve a claim, it will not be necessary to collect additional information. However, if there is insufficient information, the process continues.
- Case managers can play a major role in expediting benefits by submitting comprehensive assessments, clear descriptions of functional impairment, and supporting records. (Also see Modules X, XI, XII, and XIII).
- The “new and improved” process is about exchanging information and maintaining contact. The less mysterious it is, the better it works.
- SSA can receive information more quickly and avoid “lost” information with the new electronic process. Learn it and use it!

Worksheet 5

Medical Evidence Worksheet

Name _____

DOB _____ SSN _____

ADMISSION NOTE

Source _____ Date(s) requested _____ Date received _____

PSYCHOSOCIAL EVALUATION

Source _____ Date(s) requested _____ Date received _____

PSYCHOLOGICAL TESTING

Source _____ Date(s) requested _____ Date received _____

OCCUPATIONAL THERAPY EVALUATION

Source _____ Date(s) requested _____ Date received _____

NEUROLOGICAL ASSESSMENT

Source _____ Date(s) requested _____ Date received _____

PHYSICAL EXAM

Source _____ Date(s) requested _____ Date received _____

LABORATORY RESULTS

Source _____ Date(s) requested _____ Date received _____

EEG/CT SCAN RESULTS

Source _____ Date(s) requested _____ Date received _____

PSYCHIATRIC EVALUATIONS

Source _____ Date(s) requested _____ Date received _____

PROGRESS NOTES THAT DESCRIBE FUNCTIONAL PROBLEMS AND CURRENT SYMPTOMS

Source _____ Date(s) requested _____ Date received _____

DISCHARGE SUMMARY

Source _____ Date(s) requested _____ Date received _____

MODULE X

Interviewing and Assessing



Introduction

This module focuses on assisting case managers in the development of a complete and comprehensive picture and history of the individual applying for benefits. This assessment is different than one for treatment and service development, because it focuses on understanding the person's history and how it impacts current functioning and ability to work.

This curriculum emphasizes creating a safe and comfortable environment in which the person can reveal very private information. It also emphasizes the importance of language and phrasing questions in an open-ended manner. Remember that assessment is an ongoing process throughout the relationship with a person.

The information gathered through interviewing helps to create a picture of the person. It is incorporated into the Medical Summary Report, described in Module XIII, along with the functional information, described in Modules XI and XII.

Module Topics

- Helping the Interview Process
- Assessment as an Ongoing Process of Observation and Discovery
- The Importance of Phrasing
- *Applicant Assessment Worksheet*

Helping the Interview Process

History

Environment

Language

Process

Helping the Interview Process

Comprehensive Information

Components of Successful Assessment

History

- Goal – portray an individual's history
- Focus on eliciting information, not completing application questions
- Ask yourself:
 - What information do I have?
 - Does it fit together to tell the whole story?
 - What am I missing?
- Listen to the person's story of his or her life

History

What is the goal of the interview process?

Environment

- Set the person at ease
- Create a safe, comfortable environment
- Show respect – for person and privacy
- Demonstrate trustworthiness
- Check with person about their comfort talking in a particular place
- Respect discomfort talking about certain issues – don't label as resistant or unmotivated
- Reassure that not providing information will not restrict service

Words of Advice

When it is difficult to talk with a person, take a different approach. Try to understand the basis of a person's reluctance. Avoid blaming the individual or labeling them "resistant." Be creative and respectful to reduce resistance.

Environment

Gathering Information

Language

- Avoid questions on assessment forms that lead to yes/no answers
- Use sensitivity – “physical abuse” or “substance use”
- Avoid jargon
- Ask open-ended questions

Language

- Use clear, non-threatening language
- Avoid medical or diagnosis-based jargon
- Phrase questions in an open-ended manner to avoid yes/no answers and to provide for richer responses

Process

- Not a one-time meeting
- An ongoing process
- Continual attention to the person and information offered – verbally and nonverbally – makes assessment richer and more accurate
- Strengths and struggles of the person

Words of Advice

Celebrate all progress, however small it may seem! What appears to most as minimal change can be enormous progress for someone who has been alone and disconnected for years. For some people, even sharing information may be a leap forward. Recognize and support all steps forward.

Process

The Importance of Language

TRAINING EXERCISE I

- Use clear, non-threatening language
- Avoid medical or diagnosis-based jargon
- Phrase questions in an open-ended manner to avoid yes/no answers and to obtain richer responses

TRAINING EXERCISE I: THE IMPORTANCE OF LANGUAGE

Introduction

When interviewing people, it is essential to pay attention to how we use language. As stated previously, language should be clear, non-threatening, and avoid use of medical or diagnostic jargon. Questions should be open-ended and should avoid yes/no answers.

Instructions

1. Read the six questions below.
2. Brainstorm a revision of each question that rephrases it with sensitivity and uses the skills previously discussed and listed on the slide above.
3. When a phrase is agreed upon, write it down.

Questions to Rephrase

What grades did you fail?

Were you ever fired from a job?

Were you ever physically abused?

Did you ever have a traumatic brain injury?

Was your family nice or mean to you?

When did your psychiatric symptoms first begin?

Applicant Assessment Worksheet

A tool for structuring
how to elicit information
from an individual

The *Applicant Assessment Worksheet* (Worksheet 6) can be found on pages 13–19 of this module.

Note

Interviewing Demonstration

TRAINING EXERCISE J

Stepping Stones to Recovery Video

- Note some specific phrases that strike you as useful and that might fit with your own style
- Identify specific quotes from the video

TRAINING EXERCISE J: INTERVIEWING DEMONSTRATION

Introduction

The goal of good interviewing is to ask open-ended questions using clear, non-threatening language that avoids medical or diagnosis-based jargon. Each interviewer will develop his or her own unique language and style in obtaining the necessary information.

This exercise does not suggest that we can “wear someone’s words.” The video simply offers examples and suggestions. When viewing the video, think about how to make sensitive, respectful language of your own.

Instructions

1. Watch the video segment.
2. Make note of specific phrases as directed in the slide above.

Summary

The personal information given to a case manager is a gift from the person – it must be held responsibly, respectfully and with the utmost care.

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

- Be sure to recognize the importance of a person confiding in you after months or years of struggle, disconnection, poor services, and feelings of hopelessness. Appreciate that even small steps can be very significant.
- A diagnosis does not define a person. Each person is unique, complex and sometimes unpredictable, surpassing all of our expectations.
- Curiosity, respect, and genuine interest are important qualities to bring to interviewing and assessment.
- Regardless of level of experience, learning to make a comprehensive and effective assessment is an ongoing process.
- Although it is not possible to “wear another’s words,” techniques can be borrowed and adapted to fit one’s own style.
- Strive to be the best possible “clinical detective.” Fit the pieces together to create the whole story of the person’s life.
- In helping people to change, the focus is on their strengths. However, gathering information for disability determination requires focusing on people’s struggles as well as their strengths.
- It is important to understand the whole person over his or her entire history – from early life experiences to the present. Learn the nuances of how life experiences impact the person’s current situation and functioning.
- Avoid blaming a person or labeling him or her “resistant.” When a person is unable to provide information, take a different approach. Try to understand the basis of a person’s reluctance. Be creative and respectful to reduce resistance.
- Assessment is a process whereby each new piece of information triggers more questions. Do not settle for incomplete information. Strive to understand the whole person.
- If a case manager is uncomfortable or feels ill-equipped to ask about certain issues, he or she should seek assistance from someone with more clinical experience. People are aware when an interviewer is uncomfortable or insincere. Avoid miscommunication by getting help.
- As information is gathered, continue to provide new information to DDS. Ongoing information can be provided until a decision is made. Communication is key.

Worksheet 6

Applicant Assessment Worksheet

Name_____

DOB_____

SSN_____

Marital Status

☐ Single

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

PHYSICAL DESCRIPTION

Height_____ Weight_____

Clothing, hygiene, grooming

Glasses? ☐ Yes ☐ No

Speech problems?

Abnormal mouth movements?

Hand/leg tremors?

Slowness/quickness in movement?

Agitation?

Attitude/Behavior?

PERSONAL HISTORY

(Place of birth, siblings, parent(s)/guardian/person who raised individual, anyone else who lived with the family, description of childhood and growing up, discipline)

EDUCATIONAL HISTORY

(Last year completed, any difficulties in school (learning or social), any repeated grades, favorite/least favorite subjects)

EMPLOYMENT HISTORY

(Thorough, chronological history of employment dates, employers, types of work/tasks completed, job atmosphere, relationships with co-workers, reasons for/circumstances of leaving each position)

MILITARY SERVICE HISTORY

(Was the individual ever in the military? Which service? How long? Where stationed? What did he or she do? What was the outcome: honorable/dishonorable discharge? If dishonorable, why?)

MARITAL/INTIMATE RELATIONSHIPS

(Current relationships, past relationships, children, outcomes)

LEGAL HISTORY

(Current legal status, history of past arrests, charges, outcomes)

HOMELESSNESS HISTORY/PRIOR LIVING SITUATIONS/CURRENT LIVING SITUATION

PHYSICAL HEALTH

(Current and past health problems, treatment, medications, surgery, accidents, brain damage/injury)

Surgery

Hospitalization

Head Injury

Other Accidents/Injuries

SUBSTANCE USE/ABUSE

(See Substance Use Worksheet, Worksheet 4, in Module VII)

PSYCHIATRIC HISTORY

(Initial symptoms, ongoing symptoms, inpatient treatment, outpatient treatment, day hospital/day programs, emergency room visits, past and current treatment)

CURRENT SYMPTOMS/DIFFICULTIES

Orientation

Ask the person the place, year, month, date, day of the week.

Psychomotor Activity

Does the individual have difficulty sitting still? Does he or she seem agitated? Is the person noticeably slow in activity? Describe.

Mood

How do you sleep at night? If you don't sleep well, what happens?

Have you noticed a changed (increase or decrease) in appetite? If the individual doesn't eat, is it because of access to food or appetite changes?

Rate the individual's mood most of the time from very sad (1) to very happy (10).

Worksheet-6

Does your mood change a lot? Do you have thoughts of hurting yourself or hurting others?

Obsessions/Compulsions

Do you notice that there are certain things you must do the exact same way each time you do them? For example, organizing your clothes or washing your hands?

Do you worry about the same thing(s) over and over?

Do you have things you are afraid of? Do you think about those things happening a lot?

Manic/Bipolar Symptoms

Do you ever feel that your thoughts are moving too quickly? Too slowly?

Have you ever experienced a spending spree that you can't afford?

Do you ever stay up for long periods of time with no sleep and feel very energetic and productive?

Have you ever felt very powerful or in a high-level position even though other people might not have seen you that way?

Psychotic Symptoms

Sometimes people notice that they hear voices or noises that other people say they don't hear. Does this happen to you? What do you notice?

Sometimes people also see things that other people say they don't see. Does this ever happen to you? What do you see?

Do you sometimes feel that you aren't yourself? Or that you are another person?

Other Symptoms/Information

Do you feel, in general, that other people want to hurt you or that they want to help you? Why?

Do you ever notice yourself feeling very nervous with shaking hands, racing heart, sweaty palms, and a general unsettled feeling? When does this happen?

When someone makes you very angry, what do you do? How do you handle that?

FINAL COMMENTS/OBSERVATIONS

Interviewer _____

Date _____

Worksheet-6

Using the Applicant Assessment Worksheet

The *Applicant Assessment Worksheet* is a tool to structure how information is elicited from an individual. In addition, this worksheet is designed to ensure that all information related to the SSI/SSDI disability process is collected. How the questions are asked can be critical to obtaining the appropriate information.

Physical Description

The initial page covers a physical description and requires observations about the person's appearance, behavior, walk or gait, tremors, and other physical characteristics. Height and weight are asked because being under- or over-weight might contribute to a person's disability.

Personal History

Collecting a personal history, generally involves obtaining factual information such as the number of siblings, who raised the individual, and who else lived in the home. In addition, this section should include information about the person's experiences of growing up in his or her family. Ask when he or she left home, the circumstances of leaving, and what that was like. It is also important to learn about experiences that might affect ongoing functioning such as sexual abuse, physical abuse, or other trauma.

Questions such as:

- *When you were growing up and did something your (fill in person who raised the individual) didn't like, what would he (or she) do?*
This question gets at the possibility of physical abuse without labeling it as such.
- *When you were growing up, did any adult or someone older ever touch you in a way that felt very private or uncomfortable? If yes, can you tell me more about what happened?*

When asking about abuse, it is critical that the person does not become overwhelmed by talking about this subject. It is equally important that the person will be safe and secure after leaving the interview. The individual's safety is paramount; case managers and other clinicians must ensure this.

Exploring such personal information requires utmost sensitivity and skill. Anyone who is not comfortable questioning people about abuse or victimization, or if such questioning triggers any difficult feelings, should not inquire about it. Instead, enlist the assistance of a skilled clinician to obtain this information.

Whenever the issue of abuse arises, it is critical to reassure the individual that he or she was not responsible for any abuse done to him or her, no matter what. Convey that the responsibility lies with the grown-up or older person, even if the older person was simply an older brother or sister.

There is very often a connection between past trauma and substance use. People who abuse alcohol or other drugs may be attempting to suppress feelings resulting from abuse that they find particularly disturbing or overwhelming. It is important to link any responses regarding

past trauma to substance use, if this is relevant. Learning about past trauma and linking it with questions regarding substance use can be critical to determining whether the substance use is “material” or not, as discussed in Module VII.

- *What was it like being in your family? For instance, some families feel sad, some feel happy, some feel angry, and some feel like fun. What was your family like?*

This is often a good place in the interview to inquire about ongoing contacts with family members.

- *How old were you when you left home? What made you decide to leave?*

This type of question can also unearth difficulties that may have been going on in the family that are difficult for the individual to discuss.

Educational History

Typical questions about educational history inquire about what grade was completed, in what year, and from what school. It is also important to discover if the person quit school and, if so, what happened.

Questions might include:

- *What made you decide to leave school after the _____ grade? Can you tell me what was going on with you then?*
- *How did you get along with the other students? With the teachers? Was there a favorite? Were there kids you liked a lot and spent time with? Were there kids you avoided? Why?*
- *Were there any subjects which you needed a little extra work or some help? Were there any grades that you needed to do over to get them down really well?*
- *What was your favorite subject and why? What subject did you like least and why?*
- *Have you ever thought about returning to school? Why or why not?*

Employment History

Gathering a thorough employment history is critical. Some applicants find it easier to start from the first job and work forward, while others find it easier to go backwards from the most recent job. Regardless of the chronology, the details of each job experience are the focus. Keep in mind that DDS is interested in work over the past 15 years. Obviously, if the person does not have that lengthy a work history, learn as much as possible about any employment in which the person was involved. The issues relate to what type of work was done, what went well, what problems arose, how long the person worked at each place, and what made the person decide to leave (fired, resigned, laid off, other reasons).

Questions might include:

- *What was your first (or last) job?*
- For each job:
 - ☐ *When did you work there? What did you do?*
 - ☐ *How long did you work there?*
 - ☐ *What did you like about working there? Dislike?*
 - ☐ *What did you find easy to do? Difficult?*

- *What made you decide to leave?*
- *What did you do next?*
- *If you could have any job, what would it be? Why?*

Military Service History

Military life is structured. Discovering a person's history in the military can give a clue as to how the individual responded to this type of structure. It's important to find out, as is true in employment history, what the person did in the service and what he or she liked or disliked.

Questions might include:

- *Were you ever in the military?*
If relevant, ask if the person was drafted or enlisted. (This will depend upon age.)
- *What branch of service were you in and what made you decide to join the _____?*
- *Where were you stationed?*
- *What did you do?*
If the person was transferred a lot, find out why.
- *What type of discharge did you receive?*
If less than honorable, ask why.
- *While in the service, were you treated for any illnesses or were you in any hospitals?*
- *Did you find yourself getting into trouble in the service? What kind of trouble?*

Marital/Intimate Relationships

This section speaks to whether or not the person maintains relationships with people and how these relationships proceed.

Questions might include:

- *How old were you when you had your first intimate or special (sexual) relationship? Can you tell me about it?*
- *How long were you with _____? What happened when the relationships stopped?*
Ask similar questions for each subsequent relationship.
Try to find out some details about each relationship.
- *How long did the (each) relationship last?*
- *Was the relationship generally a positive one or mostly difficult? What made it so?*
- *Did the relationship include any violence/ hitting/ yelling/ emotional problems?*

Children

- *Do you have any children?*
Find out how many children the person has and with whom.
Is the person able to have contact with his or her children?
Does the person desire to have contact with his or her children?
Make these inquiries gently.
Do not make assumptions that the person wants to have contact with children.
This must be handled sensitively.

Legal History

If the applicant is currently experiencing legal problems, these may interfere with eligibility (see Module III). Ask about the kind of legal difficulty the person is experiencing. Legal difficulties may be interpersonal, may be drug related, or may involve violence.

Questions might include:

- *Have you ever been arrested or had unpleasant contact with the police? Can you tell me what happened?*
If there have been arrests, find out for each:
What happened?
What was the result?
If the person was convicted, what was the level of crime (ticket, misdemeanor, or felony)?
Was the person incarcerated, or fined?
Does the person have any commitments to parole or probation?
- *Are you on parole or probation now? Is that going okay? Are you having any difficulties meeting the conditions?*
- *Do you have any charges pending/waiting? What are these charges? Any court dates scheduled? What are the court dates?*
- *Do you know of any outstanding warrants against you?*

Homelessness History

Most people have not been homeless all their lives. It is important to find out:

- *When was it that you first had no place to live?*
- *Before that, where were you living?*

For each place:

- *How did it go living there?*
- *What made you decide to move?*
- *Where there times you were homeless, after leaving one place and before finding another?*

This information might also be linked to functioning. The person's ability to function effectively often is affected by his or her housing situation or related to loss of housing.

Physical Health

It is important to find out about any illnesses or injuries that could affect ongoing impairment.

Questions might include:

- *Have you ever had any serious illnesses such as asthma, diabetes, heart problems, high blood pressure, seizures, cancer, HIV, other infectious diseases (e.g., hepatitis)?*
- *If yes, where were you treated for these and what treatment did you receive?*
- *Are you currently being treated for any physical health problems? What are they?*
- *What treatment are you receiving and where? Does the treatment help you to feel better? What do you notice?*
- *Have you ever been hospitalized for any physical health problems? Where? When? For how long? What happened?*
- *Have you ever fallen, been hit, been in a fight, or been in an accident where you were knocked out? What happened? Did you go to a doctor or hospital? What happened there? Where did it take place?*
- *Do you have any problems since then such as dizziness, headaches, difficulty paying attention, confusion? Have you had treatment for any of these?*
- *Have you ever had any surgery or any operations? What were they and how did things go? Where? When? What was the result?*
- *How is your vision? Your hearing?*
- *Have you noticed any thing about your health that concerns you?*

Psychiatric History

Inquiries about a history of psychiatric symptoms and treatment must be done with sensitivity. Try to avoid using jargon when inquiring about these problems. Use phrases such as difficulties with “nerves,” feelings, thinking, or behavior. If the person does report such difficulties, inquire about what was going on in his or her life at that point. Try to elicit as much detail as possible about what happened and what the person experienced. Determine (as best as possible) the chronological occurrence of symptoms after that point. Also, explore all treatment sources, including emergency room visits, with as much specificity as possible.

Examples include:

- *You and I have talked about some of the things that bother you right now in terms of how you feel and, sometimes, how your thinking goes. Can you tell me what you recall about when these first started?*
- *When you started experiencing these feelings, what did you do?*
- *What did you think was causing these feelings?*
- *Did anyone help you with managing these difficult experiences?*
- *As time went on, what happened? Did these experiences get worse? Better? Sometimes a little of each?*
- *When did you first have someone talk with you about these and help you understand what was going on with you?*
- *What kinds of treatment or services have you received for managing these tough feelings?*
- *What has been most helpful? Least helpful?*
- *Did you ever find you were hospitalized for your nerves or difficult feelings? What happened?*
- *Can you tell me about each time you’ve been in the hospital or went to a clinic or doctor for help with your nerves or these problems?*
- *Is there anything else you feel would be important to know about these feelings and difficulties?*

Current Symptoms

Often, people find it difficult to explain symptoms but are honest when asked more specific questions about “difficulties and problems.” When inquiring about current symptoms, be sure to inform treatment providers of any additional issues that arise of which they may not be aware. Any suspected suicidal or homicidal intent or plan needs to be addressed immediately with support and assistance from one’s supervisor.

MODULE XI

Functional Information: The Often Missing Link



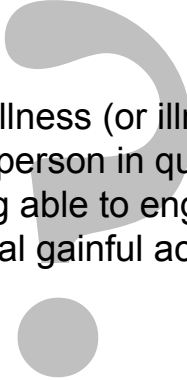
Introduction

Unlike a physical illness that can often be diagnosed through objective tests, diagnosing mental illness (and determining its severity) relies heavily on observation, assessment of longitudinal history, and clinical skill. The cyclical nature of mental illness poses another challenge to diagnosis. For disability determination, the diagnosis must be linked to the person's functional abilities. This module begins a discussion about functional information and highlights the process of observation, collection of necessary information, and the role of this information in the disability determination process.

Module Topics

- Substantial Gainful Activity
- Four Areas of Functional Information
- The Context of Functional Information in the Disability Determination Process
- Functional Assessment Role Play

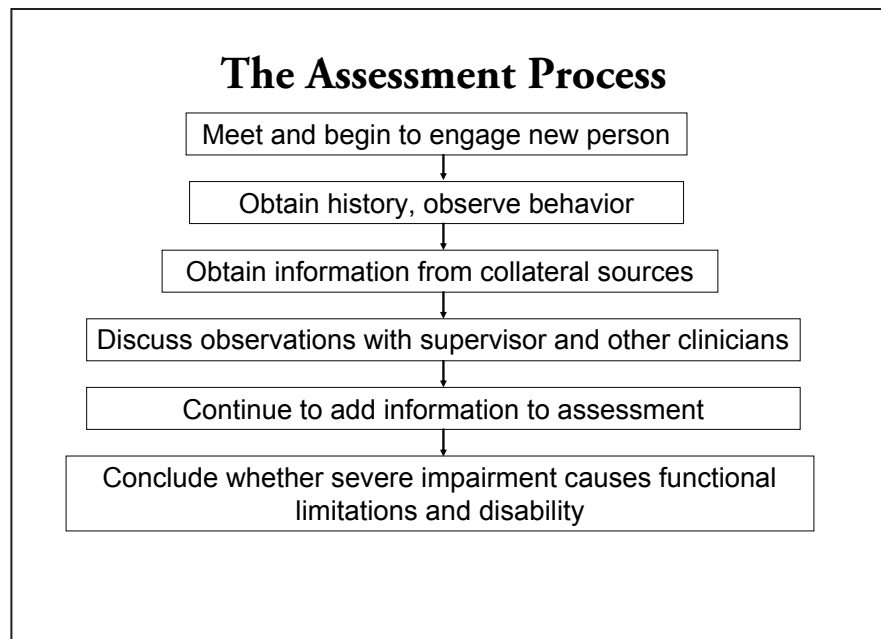
DDS's Main Question



Does this illness (or illnesses)
keep the person in question
from being able to engage in
substantial gainful activity?

Differences Between a Diagnosis and Information Required by DDS

- Effects of the illness on functioning
- Medical records do not typically reflect person's functioning
- Case manager as bridge



Assessment Process

Diagnosis alone does not necessarily mean that a person has a disability. People with illnesses such as bipolar disorder, major depression, and schizophrenia can and do work.

Words
of
Advice

**What are the four areas of
functional information?**

Areas of Functional Information

I

Marked restrictions of activities of daily living

II

Marked difficulties in maintaining social functioning

III

Marked difficulties in maintaining concentration, persistence, and pace (as they relate to the ability to complete tasks)

IV

Repeated episodes of decompensation (each of extended duration)

The Missing Piece: Functional Information

This is sensitive information. People tend to try to present themselves in the best light. A case manager needs to continue to clarify information so that an accurate observation is made and, at the same time, to be sensitive to the applicant.

Words
of
Advice

**Make the link
between the diagnosis or illness
and the functional impairment.**

Make the Link To Functional Impairment

Making the Link		
Functional Areas	Challenges?	Relationship to ability to work?
I Activities of Daily Living		
II Social Functioning		
III Concentration, Persistence, and Pace		

Relating Functional Areas to Ability to Work

Functional Area I. Activities of Daily Living		
Examples	Challenges	Relationship to ability to work?

Functional Area II. Maintaining Social Functioning		
Examples	Challenges	Relationship to ability to work?

Functional Area III. Maintaining Concentration, Persistence, and Pace		
Examples	Challenges	Relationship to ability to work?

Functional Information Worksheet

- Tool for gathering information about the individual in four areas of functioning
- Context of questions – SGA
- Open-ended questions
 - Tell me about ...
 - How often ...
 - When was the last time ...
- Distinguish between access and ability
- Worksheet questions

The *Functional Information Worksheet* (Worksheet 7) can be found on pages 15–19 of this module.

Sample Functional Responses can be found on pages 21–25.

Note

Functional Assessment Role Play

TRAINING EXERCISE K

Role Play Instructions

- Roles: interviewer, applicant and observer
- Practice the skills
- Refer to Functional Assessment Worksheet
- Play for 4 minutes
- Process
- Change roles

TRAINING EXERCISE K: FUNCTIONAL ASSESSMENT ROLE PLAY

Introduction

When interviewing a person to obtain functional information, keep in mind the skills of interviewing previously discussed: forming open-ended questions; making conscious, positive language choices; and creating a comfortable environment. In addition, keep in mind the goal of obtaining information that helps to determine if there is a connection between the person's functional impairment and his or her physical and mental illness(es).

Instructions

1. See the slides.

Functional Assessment Role Play

TRAINING EXERCISE K (cont.)

Skills to Practice

- Environment: comfortable
- Language: clear, non-threatening, no jargon
- Open-ended questions
- Find link to functional impairment

Skills to Practice

Functional Assessment Role Play

TRAINING EXERCISE K (cont.)

Role Play Feedback

- One person at a time
- Listen – respond later
- Be specific
- What was done well?
- What could be done better?

Role Play Feedback

Summary

- This is a new way of considering disability
- Be sure to listen carefully, follow up on unclear or incomplete responses
- Determine if responses are consistent with observations
- **Practice, practice, practice!**

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

- It is critical to keep in mind that functional impairment must be tied to a “medically diagnosable physical or mental” condition.
- People will often try to present themselves in the best way they can; this is simply human nature. With this in mind, phrase questions about functioning carefully and with sensitivity.
- Open-ended questions are the best interviewing approach to learning about a person’s functional abilities. Rather than asking “can you,” ask “what do you ...” or “how often do you...” or “how do you ...”
- Information about functioning should be considered within the context of ability to perform at the level of substantial gainful activity. Consider whether the person’s abilities are consistent. Often people can do a task one day, but not the next. Some can perform several aspects of a task consistently, but they cannot consistently complete the task.
- Use clear language that is easily understood by anyone in interviewing or in reporting. Avoid the use of jargon and psychiatric terms.
- Keep in mind that the DDS disability examiner (or adjudicator) may—or may not—have a background in health, mental health, or a related field.

Worksheet 7

Functional Information Worksheet

(use additional sheets, if necessary)

Name _____

DOB _____

SSN _____

Daily Activities/Typical Day

What time do you get up in the morning?

How do you spend your days?

How many meals do you usually have in a day? What times? What do you eat? If you don't eat regularly, how come?

How do you spend your evenings?

What time do you usually go to bed? How do you sleep?

Does your routine change on the weekend? If so, how does it change?

Functional Area I — Activities of Daily Living (ADLs)

What do you know how to cook? When was the last time you were able to cook? What are your favorite foods to prepare?

If you needed to shop for food to last a few days, would you need assistance or is that something you can tackle yourself? Do you usually have someone go with you to shop? Who? What assistance does he or she provide?

Are you able to use the telephone? When was the last time you were able to make a call?

If you needed a phone number and didn't have it, how would you get it? (*Question relates to the use of a phone book or information, i.e., 411*)

When you have your own place to live, what kind of housekeeping things do you do on a regular basis? What kind of chores do you find difficult to do? *If the person lives with someone else*: How are the chores split up? Do you need reminders to do chores?

About how often are you able to bathe or shower? Is this what's been your usual routine? Do you need any assistance doing this? *If the person doesn't bathe regularly*: What keeps you from bathing or showering?

Are you able to do your own laundry? How often do you usually do it? *If not*: How come? Who does your laundry?

Have you ever been to the post office? What services did you use there?

Budgeting is something we all struggle with. How are you at budgeting? Are you able to set up a budget and stick with it — or might that be something you could use assistance with? *If this applies*: When you have income, what usually happens to your spending habits? Do you, like some of us do, spend right away or are you able to make it last?

How do you usually get to places? Walk? Drive? Use public transportation? How does that work for you?

If this applies: When were you able to have your own place to live? What happened that you don't live there anymore? How did things go when you were there?

Are there any sort of other regular things that you think most people do every day that you find are difficult? Why?

Functional Area II — Social Functioning

If applicable: Do you maintain contact with your family? If not, why?

How often do you go somewhere outside? Do you usually go by yourself or with other people? Do you prefer to be alone or with other people? Why?

How often do you visit other people? Who do you usually visit? How often do other people come to see you?

Do you notice that you had friendships before that you don't have now? Do you have thoughts about that?

Who do you see on a regular basis? How do you and _____ get along?

What do you do if someone makes you really angry? How do you respond? What do you do?

Do you feel like you avoid being around other people? If yes, why?

Are you in any groups? Do you like being in groups?

What kind of person would you say you get along best with? Who gives you the most difficulty?

If applicable: When you worked before, how did you get along with your boss? Your co-workers?

Functional Area III — Concentration, Persistence, and Pace *(has to do with ability to complete tasks in a timely manner)*

Have you noticed any changes in your ability to concentrate? If so, what have you noticed?

Ask the person to complete serial 7s (i.e., Subtract 7 from 100, then subtract 7 from that total ... until the person reaches 65). If the person can't do 7s, ask him or her to try serial 3s. Note what happens.

Do you notice any changes in your memory? What do you notice? When do you notice this? Can you give me a specific example?

Would you describe yourself as someone who is easily distracted or do you find you can stay focused on a task if you need to?

Ask the person to follow a three-step instruction: Take this paper, fold it in half, and please return it to me.

What do you enjoy doing? What do you have an opportunity to do? When did you last do this? Are there any changes in what you enjoy now and what you used to enjoy?

Do you like to watch TV? If yes, what do you watch? Would you be able to watch an hour-long show and tell me about it shortly after you saw it?

Do not ask this if you know the person is unable to read. What do you usually read? Do you do this often? Could you tell me what you just read if I asked you soon after?

Functional Area IV — Repeated Episodes of Decompensation *(each of extended duration)*

Ask this series of questions only if the person has had experience in work or work-like settings.

Over the last year, have you found yourself doing well for a while and then having a tough time that seemed to last? Please tell me what happened?

When these experiences recurred, what seemed to happen before and after—to make things harder and to make things get better?

Please tell me, if you can, what you feel you might do to try to prevent things from getting hard again?

How often do you feel these tough times seemed to happen? Is there anything different about this year from previous years or is this about what typically happens with you?

The section below is for the case manager only. This information can be used to ensure that the Functional Assessment is complete. It should not be included in the Medical Summary Report. These ratings are up to the DDS to determine and not the case manager. This grid is a worksheet only and should not be sent to the DDS.

Overall Estimated Rating of Degree of Functional Impairment

ADLs—

☐ None ☐ Slight ☐ Moderate ☐ Marked[†] ☐ Extreme

Reason for Ranking—

Social Functioning—

☐ None ☐ Slight ☐ Moderate ☐ Marked[†] ☐ Extreme

Reason for Ranking—

Concentration, Persistence, and Pace—

☐ Never ☐ Seldom ☐ Often ☐ Frequent[†] ☐ Constant

Reason for Ranking—

Repeated Episodes of Decompensation—

☐ Never ☐ Once or Twice ☐ Repeated (3+)[†] ☐ Continual
in last year

Reason for Ranking—

[†]To qualify for benefits alleging marked functional impairment in two or more areas, a person would generally need to evidence a degree of impairment shown by the asterisk.

Interviewer _____

Date _____

Worksheet—7

Sample Functional Assessment Responses

Functional Area I — Activities of Daily Living (ADLs)

What do you know how to cook? When was the last time you were able to cook? What are your favorite foods to prepare?

Cook chicken, and french fries and corn.. Last cooked, let's see, maybe when I had my place about 4 years ago that was before I had trouble with the government, you know, but you know I can't talk about that.. I really like cooking. It's fun. My really favorite food to cook is oodles of noodles with chicken pieces because it's hot. I like to cook a lot in the microwave but I've never had one.

If you needed to shop for food to last a few days, would you need assistance or is that something you can tackle yourself? Do you usually have someone go with you to shop? Who? What assistance does he or she provide?

I've never done that, but I think I could. Lots of times though I just buy a soda and sandwich for the day. I don't have much money so I don't really shop and people don't like me in their stores. So sometimes when I go in their stores I pretend I'm someone else or get really quiet or get someone else to go in there for me because I don't want to cause any trouble but I don't understand why people are so mean and out to get me anyhow because I never did anything but maybe they don't like what I did to all their families when I was in DC working undercover. Ummm. I don't shop much. I don't have friends. I had a case manager once who helped me buy food. She was nice. She picked out stuff for me and told me what it was. I learned a lot. How about if you get her to help me again?

Are you able to use the telephone? When was the last time you were able to make a call?

I could use the phone but I don't like to because people listen in. I talk on the phone all the time but I make sure no one's listening in.

If you needed a phone number and didn't have it, how would you get it?

I'd call the operator if I needed help or stuff but sometimes they get so mad at you when you talk with them and want to hang up and that hurts my feelings and makes me mad because they have a job to do and they should do it and help people like me.

When you have your own place to live, what kind of housekeeping things do you do on a regular basis? What kind of chores do you find difficult to do?

It's been a really long time since I had my own place to live 'cause landlords always are mean to me and don't want to give me a nice place. So I lived in crummy places that I fixed up with curtains hanging around and papers and stuff. I don't believe in cleaning too much — you can get germs from cleaning and you can get them from other stuff so you have to be on the lookout. Vacuuming's hard. Don't like it. Sweeping is easier. It gets up the stuff pretty good.

About how often are you able to bathe or shower? Is this what's been your usual routine? Do you need any assistance doing this?

I go to the drop-in center to shower about once a week. A doctor told me once that too much bathing isn't good. He said your skin protects you from disease so having a little covering of dirt and oil is good for you. So I remember that. I like to wash up. It sometimes feels good but I'm careful to follow his advice. I can wash by myself — I don't want anybody looking at me. That's creepy.

Do you do your own laundry?

I don't have to. I just throw clothes away and get some at the Salvation Army where they have stuff for free. But you always have to smell it.

Have you ever been to the post office?

What for? To look at the criminals?

Budgeting is something we all struggle with. How are you at budgeting? Are you able to set up a budget and stick with it — or might that be something you could use assistance with? If this applies: When you have income, what usually happens to your spending habits? Do you, like some of us do, spend right away or are you able to make it last?

Well, I think I'm really good at it. One time I worked and I kept about \$3 for a long time. That's pretty good budgeting, don't you think? My dad said I didn't do it right, but I think he's wrong since he wasn't so good either at nothing. I maybe could use some help figuring out stuff at first but then I'm sure I could do it. When I get my welfare check now, shoot, it's about \$200 and I keep it for a whole week or two.

How do you usually get to places?

Well, I don't go too far. I walk 'cause I don't have money for the bus and besides I don't like riding the bus because there's so many people on it and they stare at you. Plus you have to sit next to them and that's yucky.

Functional Area II — Social Functioning

Do you maintain contact with your family?

My family has abandoned me just because I don't have a place to live and because one time I told my sister she was crazy but she is because she says lots of weird stuff so they said they don't want to see me no more. Well did they ever think I don't want to see them? Well no but I guess I do but I can't want to since it's a lot of trouble for me.

How often do you go somewhere outside? Do you usually go by yourself or with other people? Do you prefer to be alone or with other people? Why?

Lots of times I sleep outside but like if you mean go out like to do stuff well I go to the soup kitchen but I like to eat by myself because other people ask me a lot of questions and I don't like that so sometimes I go to the shelter too but I try to get there really early and get a bed near the wall then I can be away from people if I had my own place — you gonna get one for me? — then I'd stay inside.

How often do you visit other people? Who do you usually visit? How often do other people come see you?

I can't think of no one to visit. I don't have friends — I used to ya know but not anymore because well they are different now so I don't see them and they don't see me.

Do you notice that you had friendships before that you don't have now? Do you have thoughts about that?

Yeah. I told you I had friends but they're different people now so when people are different you can't be friends with them don't you know what I mean I think you already asked me that.

Who do you see on a regular basis?

Nobody why should I?

What do you do if someone makes you really angry? How do you respond?

Depends a lot. Sometimes I go off...yell or hit 'em or something but sometimes I just holler and holler till they go away or sometimes I just stare at 'em and look through them and that's scares them so they stop.

Do you feel like you avoid being around other people?

Listen. People avoid me...I treat them good but they stare and follow me and do all kinds of stuff to me and I don't like it so why should I try to be nice...

Are you in any groups? Do you like being in groups?

No why should I? I'm not going to any groups. I hope you're not trying to start up that stuff with me 'cause I'm not going.

What kind of person would you say you get along best with? Who gives you the most difficulty?

If I find a person who helps me, I like that. Otherwise nobody's really any good...

Functional Area III — Concentration, Persistence, and Pace

Have you noticed any changes in your ability to concentrate?

No I'm really good at concentrating. What did you say? Did you ask me something about my thinking? I'm a good thinker. What are you talking about?

Do you notice any changes in your memory? What do you notice? When do you notice this? Can you give me a specific example?

Yeah ever since I started walking around a lot I started forgetting stuff like I have to ask about meals at the soup places and the time and I often don't get there on time and I don't know why but it seems like sometimes because somebody told me the wrong time or I remembered it wrong or something then I forget where I put stuff that is really important since I hide things so other people won't steal them and then I can't find them so I figure they're stolen...

Would you describe yourself as someone who is easily distracted or do you find you can stay focused on a task if you need to?

What's distracted mean? I can do real good at stuff I don't know why you're asking me this stupid question but maybe it's because you wanted to know about my mother or something because that's how it goes. So ask me again...

What do you enjoy doing? What do you have an opportunity to do? When did you last do this? Are there any changes in what you enjoy now and what you used to enjoy?

I love swimming and bowling but I never did them really good or a lot. Sometimes I like to read stuff but it takes me a long time and I don't read as good anymore like I used to when I was in school. I like sports and sometimes I find someone to shoot baskets with but sometimes I don't.

Do you like to watch TV? If yes, what do you watch? Would you be able to watch an hour-long show and tell me about it shortly after you saw it?

Yeah but who gets to do that too much sometimes I watch. I used to watch a show where they had these guys who owned a big ranch and they were brothers but I don't remember any stories but that was like a few weeks ago when I saw it so I don't know.

What do you usually read? Do you do this often? Could you tell me what you just read if I asked you soon after?

Now sometimes I find story books like the kids read and those are fun or comics or sometimes big thick books but I usually just carry them around since they're heavy.

Functional Area IV — Repeated Episodes of Decompensation

Over the last year, have you found yourself doing well for a while and then having a tough time that seemed to last? Please tell me what happened?

This year has been real hard. I'd do ok, then start thinking about my life, get so discouraged, start hearing stuff, start getting mad and then start fighting with people and get in trouble with the police. Then they'd take me to the hospital and I'd have to go in there for a few weeks. It was terrible. This happened a lot—I don't know why. Just kept happening.

When these experiences recurred, what seemed to happen before and after—to make things harder and to make things get better?

I don't know what happened before. Just would start feeling bad. I feel bad a lot but this was worse. I always feel bad. This was terrible. Couldn't really tell why. I'd be ok, then get real sad and then get real mad and it would start. I guess going in the hospital helped but I don't like that either. But I would get less sad and less mad. So I guess that was better.

Please tell me, if you can, what you feel you might do to try to prevent things from getting hard again?

I don't know what to do to keep all this stuff from happening. My life would have to be pretty different and there's no way I can do that. So how the heck should I know? It's hard just thinking about it.

How often do you feel these tough times seemed to happen? Is there anything different about this year from previous years or is this about what typically happens with you?

These things happened over and over — I don't know — like maybe 6 or 8 times. It was a terrible year. Well, lots of years have been terrible. This was worse, I guess, but they're all bad. I don't know.

MODULE XII

Writing Functional Descriptions



Introduction

Functional information is critical to an application. It provides the necessary link between the diagnosis and the functional impairment an individual is experiencing. Even in instances where people who have mental illness are seeking SSI and/or SSDI benefits based upon a combination of mental and physical illnesses, the functional information must be addressed. With only medical evidence, this link often is missing, and the DDS cannot make an accurate determination.

Since a DDS disability examiner never meets with an applicant in person, the task of clearly communicating functional information often is that of the case manager, working with current treatment providers.

Module Topics

- The Goal of Functional Descriptions
- Writing Descriptions of Impairment and Functional Response Descriptions

The Goal of a Functional Description

- Impact of person's illness and resulting impairment
- Based on collection of personal, medical, and collateral information
- Clearly explains:
 - Nature of impairment
 - How/if linked to illness
 - Impact on functioning and life, especially regarding ability to work

Goal

A functional description is a tool that a case manager uses to write part of the Medical Summary Report, which is sent to DDS for evaluation.

Functional Descriptions Explain the Following

- Nature of an individual's impairment
- Whether impairment is linked to illness
- Impact of illness on functioning, especially ability to work

Clear Writing

- Remember goal of functional description
- Write clearly
- Avoid technical terminology
- Write actively – avoid a passive voice
- Goal – make the complexity clear and intelligible

Writing for Clarity

Samples

Functional Description

- I Activities of daily living
- II Social functioning
- III Concentration, persistence and pace
- IV Repeated episodes of decompensation

Note

Samples of *Functional Descriptions* for each functional area can be found on pages 15–18 of this module.

Writing a Functional Description

TRAINING EXERCISE L

- Clear links?
- Sharing examples
- How to double check work in the future?

TRAINING EXERCISE I: WRITING A FUNCTIONAL DESCRIPTION

Introduction

To make an accurate disability determination involving a mental illness, DDS needs proof of the link between an illness and a functional impairment. The key method a disability examiner has of obtaining this information is through a case manager or advocate. Therefore, the written descriptions of functional impairment the case manager or advocate provides are critical to the determination process. This exercise provides an opportunity to practice writing a functional description and to get feedback from colleagues.

Instructions

1. Each individual will write a description for one of the four the functional areas, corresponding to the number assigned.
2. Each person should reflect on an individual he or she is assisting and use these observations to write a description in the assigned area of functional impairment. If participants do not have someone, they can use the *Narrative: The Story of Jane* and *Jane's Functional Responses* that follow to write a description.
3. After approximately 10 minutes, trainers will ask for a volunteer from each functional area to read his or her description to the whole group. The group will offer suggestions on how to make the description more effective.

Narrative: The Story of Jane

Jane is a 42-year-old, single mom whose children are grown and are ages 24, 23, and 21. She grew up in a family of five siblings, with Jane being the middle child and the first daughter. Her mother had ongoing severe depression and was often in bed for days. Her father worked as a mechanic and would go out to a bar after work, arriving home frequently in a drunken rage. The entire family was afraid of him. Sometimes, in the middle of the night, he would awaken Jane and

start screaming at her for minor infractions, slapping her, hitting her, and screaming until he was exhausted. It seemed that he picked on Jane because she was the one who resembled her mother so much.

When Jane was 9, her father's brother came to live with the family. He worked with Jane's father and would go out drinking with him after work. He did little to try to control Jane's father's behavior as he often passed out shortly after arriving home.

On the nights when her uncle did not pass out, he slept in the room next door to Jane's. He often would sneak in at night and fondle Jane, sometimes forcing her to perform oral sex on him. He would give her a few dollars and tell her that this was their secret, that no one needed to know. If Jane wasn't cooperative, he would hit her and told her no one would believe her if she did tell what was going on. This went on until Jane was 12 ½ and her uncle left.

Not long after her uncle moved in, Jane tried drinking herself. She didn't like the taste at first but she found it helped her to feel better. She gradually was sneaking alcohol on a regular basis. Not long after that, when she was about 11, she tried smoking marijuana and liked it. The drugs made her feel strong. She tried many other drugs, yet alcohol and marijuana remained her favorites.

When she first started school, Jane did very well. After her uncle moved in, her grades fell. She started failing school, which provoked more abuse from her father. Her mother seemed helpless to assist her in any way. As she repeated grade after grade, the school decided that Jane couldn't learn and put her in a special education class. Jane never told anyone about what was going on at home, and she failed even in this setting. She finally left school at age 16 in the 9th grade. Although Jane loved the early years of beginning to read, it seemed that she lost this when everything started at home.

Shortly after leaving school, Jane ran away from home and went to live with a slightly older fellow that she met at the 7-11 nearby. At first, this man, George, was nice to Jane. Soon, however, he began abusing her as her father had done. When she left George at age 20, Jane was pregnant and had nowhere to go.

She lived in a shelter for a while, had her baby, and went back home. Things were no better and she soon left, wandering the streets with her little son.

After a while, Jane moved in with another man, whom she met at a bar. Things went along for a while and then he, too, began hitting her. She and her son left once again.

At this point, Jane started trying to hurt herself – she would cut her arms, take too many pills with alcohol, and one time cut her arm badly and went to the ER. They hospitalized her for 3 days and discharged her, saying she needed to go to a clinic and get treatment as she was very depressed.

Not long after this, Jane started working nights at a hotel. She took her son with her and would hide him in different rooms while she worked. She was soon found out and was fired after just a few months. She went through five more jobs like this in quick succession, holding them for just a month or two. Finally, Jane decided she couldn't care for her son and gave him to an agency for adoption.

This act, however, broke her heart. She was in and out of shelters, on the street, in hospitals, using drugs and alcohol most of the time. She continued to cut her arms so much that they were completely scarred. She had multiple hospitalizations but they only lasted a few days, though it was recognized that Jane was desperately depressed. The staff at the hospital believed that Jane didn't care about herself, and there was nothing they could do until she sobered up.

Jane had treatment in the hospitals and sometimes in clinics, but she believed it didn't help and the medicine was not good for her, so she stopped. She kept trying to work but couldn't. She developed asthma and diabetes. On and off, she'd live on the streets, get a little work and then be homeless again.

Jane's Functional Responses

Daily Activities/Typical Day

Getting up, activities during the days and evenings, sleeping, eating, routines:

"I wake up on and off all night especially when I'm sleeping on the street. When daylight comes, if I'm in a shelter, I have to leave. If I'm on the street, people walking by wakes me up. Sometimes I eat, sometimes I don't. Usually I'm too worn out and exhausted to wash or care about washing. I try to find a place to sleep away the day. That's hard. Each day is the same day after day. And I don't care. I go to sleep at night as early as I can."

Different on weekdays/weekends? How so?

"The same. Everything's the same."

Functional Area I: Activities of Daily Living

What do you know how to cook? When was the last time you were able to cook? What are your favorite foods to prepare?

"I can't cook now because I don't have a place."

How about when you did?

"Sometimes I made Ragu sauce and spaghetti. Or canned soup. Or sandwiches. Often I didn't eat then either. When my son was with me (pause, sob), I cooked chicken for him and peas."

If you needed to shop for food to last a few days, would you need assistance or is that something you can tackle yourself? Do you usually have someone go with you to shop? Who? What assistance does he or she provide?

"I can shop except I can only carry a few things because I'm so tired all the time. So sad, so sad. I have trouble checking prices of stuff because it's such hard math. I wasn't good at math in school. I was pretty smart, though. At first, I did real good in school and then things changed."

Are you able to use the telephone? When was the last time you were able to make a call?

“I can make a call but I don’t. There’s no one to call. Sometimes when I’ve used the phone on the street I can hear people listening in. So I don’t do that.”

If you needed a phone number and didn’t have it, how would you get it?

“I’d ask someone on the street. I don’t know if you can still ask the operator. But to do that, I’d need money. I don’t have money because they took it all.”

When you have your own place to live, what kind of housekeeping things do you do on a regular basis? What kind of chores do you find difficult to do?

“I’m a good sweeper. Sometimes I’d sweep all day. The dishes kind of piled up. I’d wait until all of them was dirty and then I’d wash one each time I needed it. The trash got high. I was just too sick, too sad, too tired. I can’t do the bathroom very good. No matter what it’s always dirty.”

About how often are you able to bathe or shower? Is this what’s been your usual routine? Do you need any assistance doing this?

“You wouldn’t know looking at me, but I was pretty. Not any more. I don’t care. Guess maybe I don’t know two or three times a month I wash pretty good. There’s that place you can shower but I don’t like it. People are there. They look at me and I know they don’t like me. I used to fix myself up real good. Not any more.”

Do you do your own laundry?

“No. I just wear it out and get some new stuff at the clothing center. By the time I’m done with these old rags, they go out.”

Have you ever been to the post office?

“Once I got a stamp to write my sister. But I lost it. Never did it.”

Budgeting is something we all struggle with. How are you at budgeting? Are you able to set up a budget and stick with it – or might that be something you could use assistance with? If this applies: When you have income, what usually happens to your spending habits? Do you, like some of us do, spend right away or are you able to make it last?

“I haven’t had money in so long. When I worked, I’d get something for my kid, pay the rent, and then spend it. I never had enough – I don’t know – if that’s a budget – who can tell? If I had enough money, I’d be a great budgeter. Sometimes I’d lose places ‘cause of not keeping up. But I’m good at it, I know.”

How do you usually get to places?

“Well, all the places I gotta go to to eat and sleep I just walk. Sometimes I don’t bother. Some days I don’t eat at all. I don’t care. I used to eat pretty good. Now I don’t care. The bus is too

hard. Can't figure it out. If I try that, when I had money, I'd get lost all the time. Wandering around. Didn't matter. No place to go. Except when I was working. And then I'd be late. Trouble."

Functional Area II: Social Functioning

Do you maintain contact with your family?

"What for? So they can hit me again? Steal stuff? No thanks."

How often do you go somewhere outside? Do you usually go by yourself or with other people? Do you prefer to be alone or with other people? Why?

"Haven't you paid attention? I live outside! Do I go outside? What a stupid question. Do you mean like visit places? Of course not. Where would I go? Be with other people? What for? No I stay to myself. It's safer. It's better. I can just do what I want – cry, be sad, drink. People leave me alone and that's fine with me. I can't stand trying to talk to other people. What a waste."

How often do you visit other people? Who do you usually visit? How often do other people come see you?

"Every once in a while, not regular or anything, I go visit my aunt. She's the only decent person I know. She might give me a meal. Visit me? Nobody. Why would they?"

Do you notice that you had friendships before that you don't have now? Do you have thoughts about that?

"When I was a real little kid, I had friends. Mary Sue was my best friend. She lived on my street. That was a real long time ago. Friends now? Nah. I don't have the energy or the time – and who would want to be my friend?"

Who do you see on a regular basis?

"The cops."

What do you do if someone makes you really angry? How do you respond?

"I just shut up and leave. You get hurt causing problems. I used to scream or hit. That was no good. Got me locked up or put away. No good. Now I just shut up. Then I drink and curse...that helps."

Do you feel like you avoid being around other people?

"Sure. They don't want me and I don't want them. I'm just nothing. Worth nothing. Turned out to be nothing. Have nothing. Just a big nothing."

Are you in any groups? Do you like being in groups?

"When I'd be in the hospital, they make you go to groups. They were all right. Some of the people were jerks. I kept quiet pretty much. Listened and watched. Watched them say something about me – waiting for that. It wasn't hateful."

What kind of person would you say you get along best with? Who gives you the most difficulty?

“Few people in this world give a damn. When they do, I get along. The others are the worst. I know I’m no picnic but I just can’t do it.”

Functional Area III: Concentration, Persistence, and Pace

Have you noticed any changes in your ability to concentrate?

“When I was a little kid, I could do stuff. I was learning to read. That was fun. And then stuff happened. Now I can’t do nothing. ‘Course there’s nothing to do. If I have money, I go to the store. One time, I used to knit. Can’t do that any more.”

Do you notice any changes in your memory? What do you notice? When do you notice this? Can you give me a specific example?

“Nah. My memory’s pretty good. Except when I’m too sad. Like now. Man, then I can’t remember nothing. It’s getting worse, too. I guess I’m just slipping, getting old. Like sometimes I forget where I leave all my stuff. And that’s all my stuff. That’s important. And I gotta walk all around looking for it. Those are bad days.”

Would you describe yourself as someone who’s easily distracted or do you find you can stay focused on a task if you need to?

“Boy, that’s one of the bad things. Ever since stuff happened, I gotta make sure no one comes near me or there’s no noises or TVs on talking to me. It’s a lot of stuff to watch out for. So I’ll start to get ready to take a shower and then I hear something and have to stop. Then start up again. Then stop. Takes me a long time. Everything makes me listen.”

What do you enjoy doing? What do you have an opportunity to do? When did you last do this? Are there any changes in what you enjoy now and what you used to enjoy?

“I used to play baseball when I was a kid. I was a pitcher. Was good too. Knitted like I told you. Listened to music. Now, nothing. Nothing.”

Do you like to watch TV? If yes, what do you watch? Would you be able to watch an hour-long show and tell me about it shortly after you saw it?

“If I stay in the shelter on Main Street, they have a TV, and I’ll watch. Lots of arguing about it though. I like watching Law & Order. Can’t remember the story at all though. It’s good.”

What do you usually read? Do you do this often? Could you tell me what you just read if I asked you soon after?

“That’s one thing that makes me feel so bad. I was learning to read and then stuff happened and I didn’t get good at it. I like to look at magazines, and I pick out some stuff but it’s really hard.”

Functional Area IV: Repeated Episodes of Decompensation

Did you ever have a time when you were doing really well and then things just fell apart and stayed that way for a while?

“Boy that’s happened a lot. I’d be doing real good. Then I’d just get so sad and feel so lousy and start thinking about cutting myself again. This would last for weeks or a month and then I’d go in the hospital and come out. Start doing real good, and it would happen again—usually a bunch of times, like four or five in a row. Do real good for a good while, start feeling so bad, cut, hospital, back. It was really hard. Year after year.”

When these times would happen, would you get some extra help?

“Yeah, well each time, the hospital would keep me a little while and then send me a day hospital they called it kind of place. You’d go every day for a few weeks. They were all right. Nice really. Then I’d leave there and go back to the clinic. Do good and back everything would go. I’d lose my place. Back again to the whole thing. Why does this happen to me?”

Do you know what made this happen over and over?

“No not really. I guess I’d screw up. People would get nasty. I didn’t like anyone then. I’d lose my friends. Be all alone. Wasn’t my fault. Then I’d get so depressed. I couldn’t even get out of bed. I’d start cutting my arms. It was stupid I know but I couldn’t help it. Wish I could figure it out. But I can’t. It just happens I think.”

Summary

- Write clearly
 - Be fully descriptive
 - Clarify how he or she struggles functionally and why
 - Maintain an active voice
- Practice
 - Critique with a colleague
 - Rewrite when necessary

Note

See Handy Tips on the next page before moving on to the next module.

Handy Tips

- Be sure to use specific behavioral examples that illustrate impairment. The following example illustrates clearly a link between the functional difficulty (personal hygiene) and the illness (depression): “Francis says that he is so depressed in the morning that he has no energy to shower and get dressed.”
- Have a colleague review your functional descriptions to ensure that the intended information is clearly communicated. (Get permission as needed.)
- To write a functional description as clearly and plainly as you can, imagine describing the person’s functional difficulties to someone who does not work in this field.
- The description of functional impairment should answer the questions: What is the impairment? How do you know it exists? What causes it? Why does it exist?
- Including a description of functional impairment in your Medical Summary Report is usually sufficient for DDS. In these instances, you may not need to complete the daily activity form for DDS. Work this out with DDS ahead of time.
- A case manager should keep in mind that, as soon as a DDS disability examiner (adjudicator) has enough information to approve an application, he or she can make a determination and does not have to wait for additional information. This can truly expedite benefits.
- Write functional descriptions using clear and simple language, in an active voice. Academic training teaches writing in a passive voice, but this may reduce the clarity of the information.

Functional Descriptions of Marked Restriction in Activities of Daily Living

- Ms. Jones

- Ineffective Description

Ms. Jones doesn't get up on time in the morning and washes only two or three times a week. The room that she rents is poorly maintained, and she has lots of old newspapers, dirty clothes, and leftover food lying around. She hardly ever buys anything to eat. She pays her rent but only barely.

- Problems

This description focuses on the same behaviors as the more comprehensive one but does not address the question, "Why?" Is the reason because Ms. Jones just doesn't care about getting up on time. Is she simply lazy? Does she have any reason to get up on time? Does she feel that washing two or three times a week is sufficient or is that different from her norms for washing? Her housekeeping seems poor, but maybe she's comfortable with that. After all, housekeeping standards are not the same for everyone. Does she not buy anything to eat because she has no money or is she not hungry? While providing observations, this description does nothing to link the impairment to the illness. It simply raises the question, "Why?"

- Effective Description

Ms. Jones says she is so depressed each morning that she is unable to get out of bed until around noon. Although she used to care a great deal about her appearance, her feelings of hopelessness result in her washing only two or three times a week. Her energy for housework is also extremely low despite her past history of being fastidious in the upkeep of her home. The room that she rents is cluttered with old newspapers, leftover food, dirty clothes, and soiled towels. She shops rarely partly because she has so little funds but also because she has no appetite. Her severe depression continuously affects her ability to take care of herself adequately despite her attending treatment.

- Mr. Gregory

Mr. Gregory is extremely fearful of washing in public or program rest rooms. Because he lives on the street, these are usually the only options open to him. Yet, because he feels so strongly that the water in these places will take his skin off, he does not use the facilities. He also suspects the food in soup kitchens is poisoned so that he insists that he wait until the end of a serving time to make sure that no other diners get sick. Even then, he eats very little. The only food that he purchases with his food stamps is food that is pre-packaged by certain companies that he trusts. Because of this, he is losing weight. During the day, Mr. Gregory spends his time on the street, talking loudly about the plots he believes exist to do away with him. He has been asked to move away numerous times by the police and has only barely kept from being arrested.

Functional Description of Marked Difficulties in Maintaining Social Functioning

- Ms. Waves

- Ineffective Description

Ms. Waves has a diagnosis of a bipolar disorder. She speaks very quickly, loses her temper, and gets into shouting matches with people. Sometimes, she stays by herself and does nothing. Often she acts differently on different occasions. People around her don't know how she'll be from one day to another.

- Problems

This is improved from the ADL example because it suggests that these behaviors might be related to her bipolar disorder. Yet, it does not clearly illustrate the link. Reading the ineffective description, a person might conclude that Ms. Waves's bipolar disorder causes some of her difficulties, but the effective description is much clearer.

- Effective Description

Ms. Waves finds that her mood swings are so unpredictable and severe that she never can predict how she will feel. When she is manic, no one can follow her conversation as her speech and thoughts race so quickly. She quickly becomes irritable with anyone she interacts with and often winds up losing her temper, getting into shouting matches with other people. When she is depressed, all she wants to do is stay by herself and do nothing. She finds that such changes can happen within a day's time, leaving her feeling terribly confused and out-of-control.

- Mr. Smith

Whenever Mr. Smith is out with other people, he reports feeling very frightened. He becomes intensely aware and vigilant regarding who is around him or nearby and what they are doing. He is sure others are talking about him and are likely to be plotting against him. Therefore, he stays inside most of the day, in as isolated a place as he can find. This is difficult as he is homeless. However, he finds out-of-the-way places that he, essentially, hides in. When he is forced to be with other people, such as when he gets meals at soup kitchens, he keeps as much distance as possible and eats alone. He converses with no one and can think of no one he trusts. He is a very alone person who lives a very frightened and hypervigilant life.

- Mr. Lennon

Whenever Mr. Lennon has to go outside, he says he must brace himself for the racing heartbeat, sweating, and overwhelming fear that he will experience. Going on the bus and being around other people is pure torment for him; by the time he is able to exit the bus, his clothes are drenched in sweat. Interaction with other people on a one-to-one basis may proceed smoothly as long as it is no longer than just a few minutes. When the time is longer, Mr. Lennon's stutter worsens as his anxiety increases. This embarrasses him and often leads to his leaving before the interaction is complete. Although the medication helps with his anxiety somewhat, he has found nothing to help with the terrible panic he feels when out in the world.

Functional Descriptions of Marked Difficulties in Maintaining Concentration, Persistence, and Pace *(as related to the ability to complete tasks)*

● Ms. Grey

○ Ineffective Description

Ms. Grey knows that her mother had something called manic depressive illness. She's not exactly clear about the meaning of all this, though she's also heard that sometimes family members get the same illness. Getting things done correctly is troublesome. She used to like to sew but doesn't do this anymore. Information is forgotten by Ms. Grey — even important things that her daughter tells her. She keeps losing items that she uses every day, like keys. Recently, a diagnosis of high blood pressure by her family doctor was made. This is another problem

○ Problems

This example hints at the possibility of Ms. Grey's having the same illness as her mother, but it does not clearly state it. She seems to worry about problems she has, but again this is not as clear as it might be. What's the reason for Ms. Grey's difficulties? It's the reader's guess. Also, some of the sentences are in passive voice, e.g., "Information is forgotten by Ms. Grey..." This wordiness does not help clarity.

○ Effective Description

Ms. Grey cannot believe that she finds herself dealing with the same illness that her mother had. She knew her mother had what they called manic depression, but she didn't recognize that the unusual thinking and moods that she experienced were the same thing. She tries to sew, something she used to enjoy, and either she races through the job and does it poorly or she cannot finish even the simplest projects because she feels so overwhelmed by her depression. Her concentration is terribly affected by how quickly her thoughts come; in conversation, she moves from topic to topic. No one seems to be able to follow her speech. She can't remember even simple things and spends much of her time looking for items like her keys, wallet, pocketbook, and money. She forgets something her daughter just told her as her thoughts race along. She worries that the rest of her life will be like this; despite her going to the clinic, the moods still flow so quickly, and she hates the feeling of having no control over anything, including her thoughts and moods.

● Mr. Brown

Mr. Brown worked all his life as a foreman in a steel factory. He took pride in his ability to remember and monitor many aspects of the detailed operation. Since he's been dealing with what he describes as "a severe clinical depression" for the past two years, Mr. Brown finds that he has trouble thinking about even simple details and accomplishes very little. This contributes to a worsening of his depression as he feels so worthless and helpless. He tries to assist in preparing meals at the transitional program where he lives. However, he finds that even the simplest instructions for preparing an item leave him befuddled and confused. He has to ask several times for the instructions to be repeated and sometimes needs hands-on instruction, something quite different from his past.

Repeated Episodes of Decompensation (*each of extended duration*)

- Ms. Johnson

- Ineffective Description

Ms. Johnson was doing pretty well, maintaining her relationships with other people and staying in her own place. Then, things changed and she stopped seeing people and she lost her place. She was on the street for a while and this lasted for two months. Then, she got another place and the same thing happened all over again. This went on in January, March, and September of one year and she dreaded that this might happen again in the next year.

- Problems

This example leaves one wondering: Why did this keep happening? It hints at the possibility that something occurs each time, but it is not clear. Is there something within Ms. Johnson that seems to change or some sort of external factor that keeps affecting her life? The reader does not know.

- Effective Description

Ms. Johnson was very pleased that she was able to manage the racing thoughts and the uncontrollable urges to spend money and not sleep. She was able to stay in treatment for her bipolar disorder, and be able to make and keep friends. She also liked that she had her own place – it was compact but suited her well. After a month or two, she felt so well that she decided she did not need to take her Depakote any more, that she could manage on her own. Pretty soon, the racing thoughts returned. She stayed up for days and started snapping at her new friends. They quickly decided not to spend time with her. The apartment, though small, became littered with trash and papers that she stayed up all night writing on. The garbage that built up began to smell, and the landlord found the place in complete disarray. Soon, Ms. Johnson was evicted. She was on the street for a while and came to the attention of police for screaming at other people who walked by her. She was brought to the emergency room, hospitalized, and started on medication again. She left in four days and got another place and began the process again. However, the same scenario recurred on three different occasions in one year.

- Mr. Stevens

Mr. Stevens's illness that he referred to as schizophrenia had been with him since he was 25. He was now 41. He said, he had finally learned to take the new medication that worked better for him, and his life was much better. His symptoms occurred so seldom, and he felt so relieved. The voices were low enough that he could even sleep through the night. In his own room, he felt safe and satisfied. He had been in that room for four months. After a while, he thought he could reduce the medication on his own. The voices soon returned, keeping him awake, and telling him to break things in his apartment to get rid of the spirits that were getting in. He soon lost the place and was on the street. He again began to take his medication, and after only about three weeks he was better again. The landlord agreed to give him a second try. After two more repetitions of the same cycle, he again lost the room completely, and was wandering around the streets, talking to himself. Soon, he was once again sent to the emergency room and he resumed taking his medications. He said that he knew he had to handle things differently but he wasn't sure how.

MODULE XIII

The Full Picture: The Medical Summary Report



Introduction

The Medical Summary Report is the culmination of the case managers' efforts. The report should capture all information that led to the conclusion that the person has a disability. It should include observations, specific examples, and quotes from the person, whenever illustrative or relevant.

In addition to being valuable as a report for SSI/SSDI purposes, the report is extraordinarily helpful to service and recovery planning. With the individual's permission, send copies of this report to other service providers with whom the individual is involved.

Module Topics

- The Components of a Medical Summary Report
- How to Use Existing Information in the Report
- *Medical Summary Report Worksheet*
- Using the Report for Service and Recovery Planning

Technical Details of Medical Summary Report

- Agency letterhead
- Typed
- Co-signed by physician or psychologist who has seen individual (makes it medical evidence)
- Referenced documents and/or supplemental information attached
- Sent directly to DDS disability examiner, hand delivered to SSA, or sent electronically

Words of Advice

Be sure to keep a copy of this report. With the applicant's permission, send this report to current treatment and service providers to enhance services.

Medical Summary Report Nuts-and-Bolts

- Typed and printed on agency letterhead
- Co-signed by a physician or psychologist
- Have any referenced documents and/or supplemental information attached
- Be sent directly to the DDS claims examiner

Components of Medical Summary Report

Reference Section
Introduction
Personal History
Diagnostic and Treatment Information
Link to Functional Impairment
Summary
Contact Information

Components of a Medical Summary Report

Each component of the medical summary report is described in detail on the next six slides.

Reference Section

Applicant's:

- Name
- Date of birth
- Social Security Number
- Typically aligned on right-hand side of first page

Reference Section

Introduction Section

- Demographics
- Physical description – hygiene, grooming, dress, make-up, any unusual characteristics
- Additional information – help DDS examiner “see” the individual as case manager does

Introduction

Additional Information

Personal History

- Developmental problems
- Physical/sexual abuse
- Childhood
- Educational
- Relationships
- Medical problems
- Substance use
- Current housing
- Employment history

Quotes from the individual
are helpful!

Words of Advice

In all categories, quotes
from the applicant are
helpful.

Personal History

Psychiatric Diagnoses and Treatment

- Chronological treatment history
- Specific quotes from the applicant or record that illustrate diagnosis
- Observations of behavior
- Durational issues
- Current mental status exam

Psychiatric Diagnostic and Treatment Information

Chronological treatment history, including

- When symptoms first began
- Hospitalizations
- Outpatient treatment
- Residential treatment
- Emergency room visits
- Crisis services
- Partial hospital/day treatment stays
- Rehabilitation services

Link to Functional Impairment

- Critical to connect symptoms/effects of illness with marked functional impairments
- In at least two of the four functional areas
- Demonstrate impact of the illness(es) on ability to work
- Medication – effects and side effects
- Support and effect of support
- Compare with lack of support

Link to Functional Impairment

Summary and Contact Information

- Ties all information together for a concise picture of the individual
- Contact – Names and Numbers
 - Case manager/physician/psychologist co-signing

Summary

Contact Information

Medical Summary Report Worksheet

- Tool – framework for writing a report
- Breaks into workable sections
- Use this as a template for your work in the field

Note

The *Medical Summary Report Worksheet* (Worksheet 8) can be found on pages 15–18 of this module.

Medical Summary Report Worksheet

Writing a Medical Summary Report

TRAINING EXERCISE M

- Divide into groups of three
- Draft an introduction to the Medical Summary Report
- Share drafts in small group and receive feedback
- Reconvene for large group discussion

TRAINING EXERCISE: WRITING A MEDICAL SUMMARY REPORT

Introduction

The process of writing a medical summary report pulls together all of the information presented throughout this program. This exercise provides an opportunity to practice writing a section of a medical summary report and to receive feedback from colleagues.

Instructions

1. See the slide.

Summary

- The overall process of applying for benefits is time-consuming.
- Putting forth the initial effort for an earlier, more successful outcome may seem difficult, but it is worth the effort for the person and for the case manager.

Note

A sample *Medical Summary Report* can be found on page 19 of this module as well as in the *Sample Medical Summary Reports* and *Video* tabs.

Note

See Handy Tips on the next page before moving on to the next module.

Handy Tips

- The Medical Summary Report is key to a successful application. It provides a succinct, comprehensive summary that captures information about the person's experiences and the impact on his or her life. Remember that the DDS examiner rarely has an opportunity to meet the applicant.
- The goal: When the DDS disability examiner reads your report, he or she should be able to "see" the person you see and arrive at the same conclusion.
- With the applicant's permission, you can include a photo. It won't be deemed evidence but can be very helpful.
- Provide a clear description of the person in the opening paragraph describing how he or she looks, behaves, speaks and interacts with others. Help the reader see the person as you see him or her.
- Write clearly, using simple language that avoids technical jargon.
- Have a trustworthy colleague critique your report for clarity and comprehensiveness.
- While it is written for the purpose of obtaining benefits, the Medical Summary Report can be invaluable to other service providers. With the person's permission, send the report to them.
- When the report is complete, acknowledge your own hard work and the wonderful service that you have provided. Nice work!

Worksheet 8

Medical Summary Report Worksheet

RE:
SSN:
DOB:

Dear _____ :

INTRODUCTION

(Brief physical description; description of individual's behavior in interview(s))

PERSONAL HISTORY

(Including abuse/trauma history; educational history; employment; legal, interpersonal, military, and general early history; physical health history; substance use history)

PHYSICAL HEALTH HISTORY

(Including current and past diagnoses; treatment; surgery; accidents; hospitalizations, and any falls, hits, accidents, or fights that caused unconsciousness)

PSYCHIATRIC HISTORY

(Initial symptoms; ongoing symptoms; inpatient treatment; outpatient treatment; day hospital/day programs; emergency room visits; past and current treatment, including medications and side effects)

FUNCTIONAL INFORMATION

ADLs

Social Functioning

Ability to Concentrate, Persist, and Pace

Episodes of Decompensation (N/A, if not applicable)

SUMMARY

If you have any questions, please do not hesitate to call _____ at _____
or Dr. _____ at _____.

Sincerely,

Sample Report

May 1, 2001

Ms. Freida Johnson
Disability Determination Services
P.O. Box 7373
Fair Chance, MD 21643-7373

Re: Louis Williams
SSN: 333-33-3333
DOB: 9/2/73

Dear Ms. Johnson:

INTRODUCTORY COMMENTS

(Brief description of him and interactions with him)

Mr. Louis Williams is a 26-year-old, single, African-American male who has a history of psychiatric hospitalization dating back to 1992. Mr. Williams is a tall (6'1") man of slim build. He has cognitive limitations; for example, he could not find his way back to the SSI Project office even though he had been there twice before. He has difficulty keeping appointments and needs a great deal of outreach to maintain contact and to stay in treatment. He is a poor historian and is quite vague. He appears to be attempting to provide information, but his recall is poor.

When first interviewed by the SSI Project Director, Mr. Williams presented with a strong body odor. He was unkempt. His speech was rambling, and he was frequently non-responsive to questions. When asked about his mother, he began to cry. He spoke over and over about "not being able to go on" this way. He could not guarantee that he would be able to keep himself safe. Therefore, the Project Director walked him over to Babylon Psychiatric Crisis Center for evaluation. From there, he was admitted psychiatrically.

PERSONAL HISTORY

(Includes growing up, family information, schooling, work history, legal history. If existing psychosocial history includes all this information, that document could be attached and referenced. Any supplemental information can be written here)

Mr. Williams was born and raised in Newphases, MD. When asked about this, he said, "As far as I know. That's what I think." He said that he has an older brother. He had a sister who died of "a sickness. AIDS." He said that he has another sister about whom he's been told "she's sick but I'm not sure." He couldn't remember his mother's age but believes she's in her 60s. He said that her health is good. He noted, "I'm being more honest than I've ever been." He said that his mother raised him. He said that he cares about his mother. He said he "understands that she was going

through something. It was hurting for real. It was hurting for real.” When speaking with the SSI Project Director, at this point, Mr. Williams began to cry. He could not explain why.

According to Mr. Williams, he maintains no contact with his relatives except for his mother. His father died when he was 6 years old, he said. “He’s still in my heart,” he noted. He said that his father was 32 years old and worked as a cabdriver. “Somebody took his life,” he said.

He described his mother as easy going and said that discipline consisted of punishment, not hitting.

According to Mr. Williams, he finished ninth grade and started tenth. He left Rickters High School in 1990 in the tenth grade. He left, he said, because “I was trying to stay there but something made me leave. I don’t know why. I wanted to stay.” He said that his grades were fair, and he repeated the first grade. He said that, while in school, he stayed to himself.

According to Mr. Williams, he worked for a while for OneDayWork, a temporary job agency. He said that he did “plenty” of jobs and worked for them for about a month. At some point, he went to Florida for a vacation and stayed there, living with his sister, he said. He worked for a temporary agency and came back to Fair Chance some time in 1998 or 1999. Since then, he said that he has done a “little bit” of work sweeping and lifting.

In 1992, Mr. Williams said, he received SSI benefits with his mother being his representative payee. He said the benefits stopped when he worked in Florida.

Mr. Williams notes that he doesn’t “have any children by me.” He has no military history.

In 2000, Mr. Williams was charged with assault on his brother. He said that his brother “pissed me off so I hit him.” He said his brother dropped the charges. “He knew I didn’t do it on purpose,” he said. He said that he “can’t recall” other charges. (Records, however, indicate that he had a history of six arrests for assault and theft.)

When interviewed by the SSI Project, Mr. Williams was homeless and was staying in various shelters and sometimes with his sister. For a period of time, he said, he also stayed with his mother, but that didn’t work out.

PHYSICAL HEALTH HISTORY

(This could be as simple as a listing of diagnoses and treatment if medical records can be attached)

Mr. Williams knows of no ongoing somatic problems. He said that he had seizures “before” but hasn’t had one since August, 2000. As a youngster, he was playing and ran into a pipe. He said that he slipped, hit his head and had stitches. “I might have passed out,” he said. He also got a cut on his side and had stitches. In 1992, he said that he went to Blauston Medical Center because “I wanted to go and get a checkup. I was concerned about my health. I felt bad. That’s where I got lost at.”

SUBSTANCE USE HISTORY

(This is a report that talks about current substance use. With his simple words, Mr. Williams is talking about the use of crack cocaine as a means to deal with his symptoms. More details are included in his psychiatric history)

Mr. Williams said that he does drink “some” beer to “help me feel the moment.” He said that he has never experienced delirium tremens, blackouts, or seizures related to his alcohol use. He said that he has tried cocaine but “not that much. He said that he also tried “reefer” but that he didn’t like “how it made me feel. I don’t feel right with it.” He said that he has also used crack cocaine when he has had a chance to and that it helps him “think about my life. It takes stress off my mind.”

PSYCHIATRIC INFORMATION

(Here, as under physical health history, one could simply put a listing of dates, diagnosis, medications, and follow-up treatment scheduled and include records. The excerpts are helpful because they give a quick scan of all his history and provide a summary of how much treatment he’s had in many different places).

Records from Blauston Medical Center state that Mr. Williams was first hospitalized psychiatrically at Smith Hospital in 1992 and was there for about four weeks.

Records from Francis Hospital report a hospitalization at Blauston Medical Center on 3/9/93 on certificates. Records note that “he was catatonic and delusional and nearly mute during his initial interview.” Neurological examination at Blauston was “unremarkable.” Discharge diagnosis was schizophrenia, undifferentiated with acute exacerbation.

Apparently, on 5/2/93, he was admitted to Smith Hospital. At the time of this admission, he was reporting auditory hallucinations with “suicidal ideation.” He also reported “insomnia, decreased appetite, racing thoughts, and dysphoria.” He said that he had been expelled from the Job Corps on 3/8/93 because of “inappropriate sexual interactions with females.” During this hospitalization, he was “continued on neuroleptics,” though it was noted that he had “severe EPS” at times during the hospitalization. He continued with “excessive salivation.” He was discharged on Ativan as a taper; Cogentin, 2 mg b.i.d., and Prolixin, 10 mg at bedtime. Discharge diagnosis was schizophrenia. He was to be followed at Blauston Hospital.

On 5/25/93, Mr. Williams was seen for an evaluation at the Blauston Hospital emergency room (ER). He apparently was receiving outpatient treatment, including medication, from Blauston Hospital for the past two months. (Although a request for records was sent there, these early records were not sent). Records note a history of schizophrenia for a year. It appears that he experienced a head trauma as well. He presented with a “catatonic” reaction that his mother reported he had experienced in the past year two or three other times. At the time, he was taking Prolixin decanoate; the dose is not indicated. Some information in these records states that he was taking Prolixin, 2 mg b.i.d., so the actual dose is uncertain. Records note that he “follows commands slowly” and was drooling. He was treated with Ativan and responded well.

From 5/30–6/21/93, Mr. Williams was hospitalized at the Babylon Hospital. He was brought to the ER by his mother; complaints were “low mood, staring and apathy.” Records note that three days prior to this visit, he was “seen in the Emergency Room with a two month history of withdrawn behavior, decreased communication and periods of drooling, staring and apathy. He had also had decreased ability to perform activities of daily living.” Toxicology screen was negative. Records indicated that Mr. Williams reported having been raped. During this hospitalization, he was diagnosed with neuroleptic malignant syndrome. It was recommended that he not receive neuroleptics in the future “except as an extreme last resort when they were felt to be needed.”

An OT evaluation found Mr. Williams to have significant difficulties with structuring his time, problem solving, and initiating activities. It was determined he needed daily supervision.

As his father had active TB, Mr. Williams was evaluated for this possibility. He was found, on chest x-ray, to have “many small calcified granulomas in the left upper lobe.” He was treated with INH, 300 mg each day during this admission.

At the time of discharge, diagnosis was psychotic disorder NOS; neuroleptic malignant syndrome, resolved, and history of tuberculosis exposure. Medications were lithium carbonate, 300 mg in the a.m. and 600 mg in the p.m.; Artane, 2 mg b.i.d. to be tapered off in a few weeks, and INH, 300 mg each day. Again, he was to follow up with treatment at Blauston Hospital.

On 1/24/96, Mr. Williams was again hospitalized psychiatrically, this time at Blauston Hospital. An emergency petition had been done by his mother, who reported that he had been “agitated in the last few days. He tended to spend more time in his room talking to himself loudly. He was not sleeping at night. He had a tendency to provoke fights with visitors in the house. In the petition the patient was throwing things, picking up a knife, and threatening others. The patient is reportedly trying to hit children who were 4 to 5 years old. In the emergency room he was restrained but was able to break out of it.”

Not much information is provided about this hospitalization. Mr. Williams was apparently discharged on 1/30/96 with a diagnosis of paranoid schizophrenia. Medications at the time of discharge were Haldol, 5 mg b.i.d. and Haldol decanoate, 50 mg every three weeks.

On 2/12/96, Mr. Williams was taken by ambulance to the ER at Emary Hospital. He was complaining of “body aches” and had positive psychotic symptoms. Diagnostic impression was schizophrenia. He was certified and transferred to the Intown State Psychiatric Hospital (ISPH) for admission.

Mr. Williams remained at the ISPH until 2/22/96. According to admitting information, he had destroyed property “including his TV and stereo because he believed they were sending him messages.” He also had broken windows and furniture in his mother’s home and threatened to kill his 3-year-old nephew. Two weeks prior to admission, he reportedly had punched a guard at a mall. Mr. Williams acknowledged smoking marijuana in the past but denied any current use of drugs or alcohol. In the hospital, Mr. Williams had a positive PPD.

According to these records, Mr. Williams also has a history of a head injury at age 17 years when his former stepfather hit him in the head; he was apparently unconscious for 15–20 minutes. At the time of discharge, Mr. Williams planned to live with his brother. He was also to attend Emary Hospital for outpatient treatment. Discharge diagnosis was psychosis NOS. Medication was Risperdal, 3 mg b.i.d.

The next known hospitalization is from 5/30/00–6/5/00 at Emary Hospital. At this time, Mr. Williams reported use of cocaine and marijuana; he said he began using cocaine that year. At the time of admission, he was “acutely paranoid.” He was released with a diagnosis of paranoid schizophrenia and cocaine and cannabis abuse. Medications at the time of discharge were Haldol, 5 mg p.o. b.i.d.; Cogentin, 2 mg p.o. b.i.d.; Trazodone, 100 mg p.o. at bedtime; and Haldol decanoate, 100 mg IM each month.

From 7/24–7/31/00, Mr. Williams was hospitalized at the Babylon. This was following his evaluation at the Crisis Center when the SSI Project Director escorted him for evaluation. While in the hospital, he had an OT evaluation in which he obtained a score of 4.4/5.8 on the ACLS. Rehabilitation potential was considered to be “fair.” He was impaired in home management, money management, occupational role performance, leisure performance, coping skills, time management, social conduct, self-expression, self-concept, and problem solving. He also was noted to have poor self-control and difficulty with initiation and termination of activity. He was discharged with a diagnosis of psychosis NOS and cocaine abuse. Medications were Zyprexa, 10 mg at bedtime and Buspar, 15 mg b.i.d. He was referred for substance use treatment at the ISPH and continued with outpatient treatment at Northeast.

On 8/21/00, Mr. Williams was admitted to the Community Support Agency (CSA), an intensive, targeted case management program for adults with serious and persistent mental illness. At the time, he was homeless. He was placed on the waiting list for Project SHELTER (a transitional shelter) and the Men’s Center, a shelter and training program. He was staying intermittently at shelters and at his sister’s house. It turned out that Mr. Williams had not seen anyone at Northeast for a long time, so outpatient treatment was needed.

For the most part, Mr. Williams stayed at his sister’s although he periodically was out on the street or in emergency shelters. Mr. Williams was finally seen at the Babylon Southwest Clinic (Southwest) for an intake appointment on 10/17/00. Because of concerns regarding his history of neuroleptic malignant syndrome, his non-compliance with treatment, and his homelessness, it was determined that he would be referred to the Assertive Community Treatment (ACT) team, an intensive, mobile treatment outreach team of Babylon. Diagnosis at the time of intake was psychosis NOS; R/O schizophrenia; R/O bipolar disorder; R/O dementia due to head injury, and cocaine dependence. However, because of the lack of openings at ACT, he remained at Southwest until an opening occurred. His case manager took him to the Crisis Center on several occasions to have his vital signs checked in an effort to diagnose neuroleptic malignant syndrome quickly if it occurred.

On 1/31/01, Mr. Williams was admitted to the ACT team for intensive treatment and case management services. He was referred to ACT as he clearly needed more intensive clinical follow-up than could be provided at an outpatient clinic. In addition, his history of malignant neuroleptic syndrome necessitated close follow-up. During the most recent hospitalization, records note that Mr. Williams was agitated “with paranoid ideation and significant thought disorder.”

When he became active with ACT, he was living at Secure Haven, a transitional shelter for homeless adults with severe and persistent mental illness. At his initial psychiatric evaluation on 1/31/01, he was “casually and appropriately dressed, not malodorous, impaired grooming. Guarded, mildly agitated at times, affable at other times. Speech was of normal rate and volume. Affect was stable, restricted. His thoughts were vague, had persecutory themes, and were hard to follow. Limited awareness of illness, impaired judgment.” Diagnosis was schizophrenia, paranoid type; cocaine abuse, rule out dependence; R/O psychosis secondary to head injury. He was continued on Zyprexa, 10 mg at bedtime for schizophrenia.

Subsequent to this evaluation, outreach visits at Secure Haven were attempted several times, but Mr. Williams was not there. Staff reported that he had not been coming in at night. There was

some concern that Mr. Williams might have resumed drugs use; psychiatric symptoms seemed in control. On 2/15/01, Mr. Williams reported to the ACT office and was noted to be “slightly malodorous.” He said that he had been out all night but did not explain why. Staff at Secure Haven said that he had several bags of items that he planned to sell. ACT staff went to Secure Haven and removed these items. Mr. Williams seemed at baseline.

On 2/16/01, Mr. Williams appeared at the Babylon ER and reported that he felt paranoid and wanted detox. He was given outpatient information regarding detox and was released.

On 2/19/01, Mr. Williams was seen at ACT once again. He presented at that time as “disheveled, stating he had been out all night on Wisconsin Avenue again. As before, he could give no explanation as to why or what he had been doing. We discussed his being asked to leave the Secure Haven due to his refusal to stay there and be compliant with meds.”

On 2/21/01, Mr. Williams was again seen at ACT and was “irritable, with a disheveled appearance.” He said that he had stayed at a mission the prior night. He gave a vague response as to the positive results for cocaine in a toxicology test. He was considered to be at baseline symptomatically.

On 3/5/01, Mr. Williams was seen again at ACT. At this time, he was living with his mother and he presented as “disheveled.” He was angry that his benefits check had been turned over to his mother.

Outreach attempts were continued in March. On 3/29/01, Mr. Williams was seen at ACT for an unscheduled appointment. Records note that he “presented in fair spirits, but was somewhat irritable. Pt. states that he is having trouble dealing with people. He denies any AH/VH/SI/HI. Pt. requested meds and was given meds x7 days. Pt. remains stressed over financial issues. Overall, Mr. Williams appears to be off his baseline. We will monitor closely.

On this date, Mr. Williams was also seen again by his psychiatrist. Discussion focused on his feelings of stress and he said that he felt more stress at his mother’s than he did on the street. Records note: “He was able to acknowledge that not taking medication may have played some role in the increased stress that he is feeling.” The Zyprexa was continued, and he was given a supply. Plan was for Mr. Williams to have “frequent” contacts with ACT, daily medications, and to attend the dual diagnosis group at ACT.

Apparently, at some point between 3/29 and the next note, which was on 4/11/01, Mr. Williams was hospitalized at Emary, as the ACT team notes that on 4/11/01 his mother reported that he was still an inpatient at Emary.

On 4/17/01, however, he had been released as he was seen for an unscheduled visit at ACT. He presented on that date as “disheveled, tired and somewhat malodorous. He states that he was put out of his mother’s house on Easter Sunday...Pt. reports that he will stay at the Mission until other housing can be found. Pt. admits to some drug use (crack cocaine)...”

FUNCTIONAL INFORMATION

In general, Mr. Williams said, most of the time he is up and walking around. He sometimes stays at a mission, sometimes at relatives' houses, and sometimes on the street. For a short period of time, he was living at the Secure Haven, a transitional housing program. Typically, he misses breakfast and sometimes eats lunch at the soup kitchens, mostly at Neighborhood Kitchen. He is out most of the day. Mr. Williams tends to present his functional ability as more capable than observations note.

Functionally, Mr. Williams exhibits significant impairment in most areas. He states that he can cook and names rice and frozen patties as things that he can cook. He is able to use the telephone and could look up a phone number in the yellow pages. He said that he doesn't eat much and would likely need help shopping for food and other items. He believes that he can keep things clean. However, he has never had his own place to live and his appearance is not clean. Although he states that he makes sure he's clean, he had a strong body odor on several occasions when seen by the SSI Project staff, and his clothes are often quite dirty. He is unkempt as well. He said that he obtains clothing from the shelters. He describes his psychiatric symptoms in terms of "stress," which affects his ability to take care of his personal needs. He needs a representative payee to handle his presumptive SSI benefits and does not manage money well at all independently. Although he states that he can ride the bus, he does so only on routes he knows and has difficulty finding new places. As was mentioned, he has been homeless for some time and has never maintained his own independent housing but rather has relied on family and shelters to house him.

Socially, Mr. Williams has troubled relationships and has no friends. His relationship with his mother is conflicted as is his relationship with his sister. He notes himself that he has no "long-term" friends. When angered, he claims that he will face the problem and tell others what he didn't like. However, as recently as last year, he faced an assault charge for hitting his brother in anger. He frequently experiences psychotic symptoms that contribute to very difficult interactions with others. His representation of managing his behavior is not accurate.

Frequently, Mr. Williams does not answer the question asked of him, i.e., his response is not appropriate for the question. For example, when asked about his concentration, he said it was "very good" and used as an example the following: "I was up on Pennsylvania Ave. A guy came upon me. I said please don't do anything to me. I was real scared. I begged him so he left. I believe in honesty." His memory is grossly intact but he has difficulty reporting dates and is vague about his history. He said that he likes "conversating" with others, but his conversation is frequently difficult to follow.

Mr. Williams has been unable to sustain any employment for a significant period of time. His primary work history consists of temporary agency placements, and these were generally brief.

SUMMARY

Mr. Louis Williams is a 26-year-old single male who has a history of psychiatric hospitalization dating back to 1992. Early on in his psychiatric treatment history, he was diagnosed with neuroleptic malignant syndrome, thus making subsequent treatment difficult. In addition, in the last few years, he has begun abusing marijuana and cocaine, stating that the cocaine helps take the

“stress off my mind.” Mr. Williams has been intermittently homeless for a long period of time. His homelessness, poor interpersonal skills, use of cocaine and marijuana to treat his symptoms, and his dependence on his family have made any semblance of effective independent functioning impossible. He has maintained no steady relationships nor stable living. He has had a lengthy history of psychotic symptoms, violent acting out, lack of compliance with consistent outpatient treatment, and poor management of his life. Mr. Williams clearly has schizophrenia. His family has tried to assist him, but they have found him to be very difficult to have in their homes given his assaulting and psychotic behavior. At the present time, Mr. Williams is receiving services from the UMMS ACT team, an intensive, mobile outreach team for adults with serious and persistent mental illness. This team is reserved for individuals who have been non-responsive to conventional treatment.

Mr. Williams has very limited employment history. He is clearly disabled and unable to work.

If you have any questions, please call Ms. Rothschild at 555-555-5555 or Dr. Brown at 555-555-5589.

Sincerely,

Maria M. Rothschild, LCSW-C
Program Director

Francis Brown, M.D.
Psychiatrist, ACT

MODULE XIV

Supplemental Medicaid Programs: QMB, SLMB, and QI-1



Introduction

Low-income Medicare beneficiaries may qualify for supplemental Medicaid programs that assist with the costs associated with Medicare. While case managers may be familiar with the acronyms for these programs, the programs themselves can be confusing. This module serves as an introduction to both the acronyms and the programs.

Module Topics

- The Supplemental Programs of Medicaid that Assist Medicare Beneficiaries
- Income Limits for Each Category of Supplemental Medicaid Programs
- Additional Information on Supplemental Medicaid Programs

Supplemental Medicaid Programs

- All States have Medicaid programs to assist with costs associated with Medicare
- Application – upon onset of Medicare coverage; simple, quick process
- These Federal programs are run by the States
- Current amounts: www.prainc.com/soar or www.socialsecurity.gov

Supplemental Medicaid Programs

- All States have supplemental Medicaid programs that assist with the premium and other costs associated with Medicare
- These programs are different than regular Medicaid

Three Programs

QMB

Qualified Medicare Beneficiaries

SLMB

Specified Low-Income Medicare Beneficiaries

QI-1

Qualifying Individuals

The Acronyms Explained

QMB

- Qualified Medicare Beneficiaries (QMB)
- Eligibility = Part A Medicare Hospital Insurance
- Income limits
- Resource limits
- Benefit = Medicaid will pay Medicare premiums, deductibles, and co-pays

Qualified Medicare Beneficiaries (QMB)

SLMB

- Specified Low-Income Medicare Beneficiaries (SLMB)
- Those not qualified for QMB
- Income limits (slightly higher)
- Resource limits same
- Benefits: pays Medicare premiums only (Part B, outpatient coverage)

Specified Low-Income Medicare Beneficiaries (SLMB)

If a person does not qualify for QMB assistance because his or her income is too high, this individual may receive assistance under the SLMB program

QI-1

- Qualifying Individuals (QI)
- Income too high for SLMB
- Income limits – higher than SLMB
- Resource limits – none
- Benefits – help pay for monthly Medicare payments
- Funds limited – first-come, first-served

Qualifying Individuals (QI-1)

- QI-1 – a Medicaid program that helps pay for monthly Medicare premium
 - If person's income is too high for SLMB
- Funds for this program are limited, however, and are approved on a first-come, first-served basis until the funds for a given year are exhausted

Summary

- Once a person has Medicare, a case manager should immediately consider one of these supplemental programs to save beneficiaries a significant amount of money
- General rule – less income, the more received in supplemental coverage

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

- Generally, supplemental Medicaid program benefits are relatively easy to apply for and receive. Proof of income, Medicare, and resources are needed.
- If case managers serve as the authorized representative, they should have a copy of the award letter from SSA even if the applicant doesn't.
- With these programs, Medicare remains the primary insurance.
- Keep in mind that these supplemental programs do not cover services or prescriptions as does "regular" Medicaid. These are supplemental programs related to Medicare.
- States may implement these programs slightly differently than described in the module. Check with your local Medicaid office for specifics.

MODULE XV

SSI and SSDI Work Incentives: A Brief Overview



Introduction

SSI and SSDI benefits provide a key tool for recovery. During the benefits application process, providers are also working with individuals on other steps in recovery — obtaining housing, treatment, and other services. As people gain more stability in their lives, they consider returning — or beginning — to work.

A major hurdle that must be overcome is the misconception that benefits will immediately end if the person returns to work. People fear losing these hard-won benefits and with them, their stability. While this fear is difficult to dispel, the belief that benefits are immediately lost is a myth. This module provides an introduction and brief overview of the work incentives associated with SSI and SSDI.

Module Topics

- Income Exclusion
- Trial Work Period
- Impairment-Related Work Expenses (IRWE)
- Plan to Achieve Self-Support (PASS)
- Subsidy
- Extended Period of Eligibility (EPE)
- Health Insurance: SSI—Medicaid, SSDI—Medicare
- Available Resources

Employment: Why Important?

- Contribution to one's community
- Self-worth
- Definition of role
- Connection to others

Words of Advice

SSI and SSDI benefits are tools to facilitate recovery, not an end point. Such benefits allow recipients to develop a more stable life in which they can continue to recover.

Employment: Why Important?

Words of Advice

As appropriate, encourage recipients to try to work and to ask SSA what will happen to benefits upon returning to work. Work incentives for SSI and SSDI are different. Be aware of this and take any questions to SSA.

SSI/SSDI Work Incentives

Incentive Program	SSDI	SSI
Income Exclusion		✓
Trial Work Period (TWP)	✓	
Impairment-Related Work Expenses (IRWEs)	✓	✓
Extended Period of Eligibility (EPE)	✓	
Plan to Achieve Self-Support (PASS)		✓
Subsidy	✓	

SSI and SSDI Work Incentives: A Comparison

Income Exclusion: SSI Only

- Exclusion means certain amounts of earnings are not counted
- General exclusion: \$20
- Earned income exclusion: \$65
- If SSI is sole income, get both

Words of Advice

Be sure to check with the Social Security Administration Web site (www.socialsecurity.gov/work) or the SOAR Web site (www.prainc.com/soar) for updates.

Income Exclusion: SSI Only

- Income exclusion generally refers to a specified amount of earnings that are not counted in formulas for deductions to SSI benefits when the person begins work
- These exclusions apply to SSI only

Trial Work Period (TWP): SSDI Only

- 9 months of gross earnings (per current SSA rate)
- Need not be consecutive
- Are counted within a 5-year period
- Trigger a review of one's continued eligibility for SSDI
- Visit www.prainc.com/soar

Income Disregard

- Trial Work Period (TWP)
- After TWP is met, a review of eligibility is done
- If a person is earning SGA, then he or she will likely receive three more months of SSDI and checks will stop
- If a person is NOT earning SGA, SSDI likely will continue
- SGA = Substantial Gainful Activity

The SSDI Trial Work Period Tracking Chart (Worksheet 10) can be found on page 19.

Note

Unlike SSI, SSDI allows for a full check for a nine-month trial period.

**Words
of
Advice**

Impairment-Related Work Expenses (IRWEs): SSI and SSDI

- Apply both to SSI and SSDI at different times
- Are out-of-pocket costs that a person must pay that are (1) related to one's disability and (2) needed to be able to work
- Examples:
 - Medication co-pays
 - Special equipment
 - Others?

Note

The *SSI Benefits and Work Worksheet* (Worksheet 9) can be found on page 17.

Impairment-Related Work Expense

- Apply to SSI when a person has earnings
- Apply to SSDI at the end of the Trial Work Period when SSA is determining whether or not a person is earning SGA
- When in doubt about whether something should be considered as an IRWE, consult with SSA

Extended Period of Eligibility (EPE): SSDI Only

- Applies only to SSDI
- Lasts 36 months
- Applies to any month in which earnings fall below SGA
- Allows beneficiaries to receive SSDI in the months of non-SGA earnings during the EPE

Extended Period of Eligibility (EPE)

- EPE provides a cushion for SSDI beneficiaries in which they can receive SSDI benefits for non-SGA months
- Discontinuation of work during the EPE also allows beneficiaries to start receiving SSDI again without a new application

Plan to Achieve Self-Support (PASS): SSI Only

- Set aside of income/resources for employment or vocational goal
- PASS funds not counted when figuring SSI payment amount
- Must be written and approved by SSA
- Helps a person move towards a career goal

Note

The *SSI Benefits and Work Worksheet* (Worksheet 9) can be found on page 17.

Plan to Achieve Self-Support

- PASS is a useful tool that helps individuals to complete additional education toward a vocational goal
- As case managers learn more about an individual, past work experience and skills should be remembered for determining the possible development of a PASS
- Keep in mind that work can be an essential aspect of recovery

Subsidy: SSDI Only

- *Value* of extra support received on the job
- Examples of supports:
 - Extra hours of supervision
 - Job coach or mentor
 - Reduced workload
- Provided by employer
- Subsidized worker earns the same pay as other workers doing the same job

Subsidy

- Applies to SSDI only
- Is considered at the end of a Trial Work Period when SSA is determining whether or not the individual is making SGA
- Subsidies are additional supports a worker needs to do the same job for the same pay as other workers
- Generally, subsidies are provided by employers

Health Insurance

- SSI: Medicaid
 - May continue under Federal Rule 1619B even if SSI cash payments stop
- SSDI: Medicare
 - Continues for 93 months (7.75 years) after the last month of the Trial Work Period
 - May be purchased after 93 months under certain conditions; premium costs for Part A then apply

Note

The information in this module is covered in more depth in the companion *Stepping Stones to Recovery* manual. Also, if materials become dated, the Social Security Administration Web site can supply up-to-date information: www.socialsecurity.gov/work. Always maintain open communication with the local SSA to review questions and concerns.

Health Insurance

Case managers must help benefit recipients understand that health insurance coverage will continue if they work.

Resources

- Work Incentives Planning and Assistance (WIPA) Program
- Protection and Advocacy for Beneficiaries of Social Security (PABSS)
- Disability Program Navigators (DPNs) (Department of Labor)
- Ticket to Work
- SSA Web site (www.socialsecurity.gov/work)

Resources

- Recovery includes a fullness of life as defined by the individual
- Each person may use different strategies to achieve recovery
- Case managers need to be aware of work incentives as another tool
- SSA work incentive formulas are complicated
- To master an understanding of work incentives, case managers should use them and become familiar with available resources

Work Incentive Information – Benefits Planning Assistance 2008 can be found on page 21 of this module. (For updated information, visit www.prainc.com/soar)

Note

Determining Work Incentives

TRAINING EXERCISE N

- Read each scenario
- Answer the questions after each
- Be sure you understand the work incentive concepts and how they are applied

TRAINING EXERCISE N: DETERMINING WORK INCENTIVES

Introduction

A case manager has assisted an individual with the application process. He or she is now receiving benefits and gaining some stability in his or her life. At this point, it is tempting to feel as if the job is done. However, as suggested by the title of this program, receiving benefits is only one step on the road to recovery. Another step on the road to recovery is to contribute to one's own financial support. Many people receiving benefits fear that they will lose all benefits if they return to work. This misconception prevents them from reaping the rewards of employment — not only in financial support but in self-esteem as well.

Instructions

The mini-scenarios of this exercise present the situations of SSA disability benefit recipients who have returned to work either full- or part-time. Answer the questions following each scenario.

Scenarios

1. Fred receives SSI benefits as his sole source of income and has his own apartment. He is planning to return to work on a very part-time basis and will be earning about \$85 gross a month. Will Fred have a reduction in his SSI check because of his earnings?

☐ Yes

☐ No

Why? _____

2. Mary receives the full SSI benefit as her only source of income. She plans to return to work full-time and is excited about this new development in her life. She will likely work 40 hours/week and have earnings of amounts between \$900-\$1000/month. She has no IRWEs or PASS plan. Will Mary have any deductions made from her SSI benefit

☐ Yes

☐ No

Why? _____

3. Greg is working, making \$700 per month. Before he went to work, he received the full SSI benefit. Greg has a number of health problems, both physical and mental health. For these health problems, he takes ten medications that cost \$5.00 each in a co-pay each month. When Greg takes these medications, he is able to work. Does Greg have any IRWEs? If yes, how will these be treated in calculating Greg's new SSI benefit?

☐ Yes

☐ No

4. Yvonne has been receiving the maximum SSI benefit for two years. She had been homeless but now is in her own place and has very helpful community support. She plans to return to work part-time. She will be earning about \$300 a month and believes she has an IRWE because she will ride the transit bus to work, along with some co-workers, at a cost of \$15 per week. Is this transportation going to be an IRWE for Yvonne?

☐ Yes

☐ No

Why? _____

5. Jennifer receives SSDI in the amount of \$600 per month. She started working and has worked straight for three months, earning \$500 per month in gross wages. Are these 3 months considered toward her trial work period? Why or why not?

☐ Yes

☐ No

Why or why not? _____

6. Francine loves her new job. She has been working for 8 months straight, earning \$1200 gross/month. Are these 8 months counted towards Francine's trial work period? Why or why not?

☐ Yes

☐ No

Why or why not? _____

7. Aaron has completed his trial work period. What will happen now?

8. Sung Lee has just completed his trial work period very successfully, and he is delighted with his full-time job as a copy editor. For how long will Sung Lee's Medicare continue without any premium costs?

For how long? _____

9. Jackie's SSI benefits have stopped because she is now working full-time successfully at a job in the District of Columbia that pays \$25,000. Jackie continues to meet the disability and non-disability criteria for SSI. Will her Medicaid likely continue?

☐ Yes

☐ No

Why? _____

10. Margaret and Deborah are both SSDI recipients and are hired for the same job as paralegals at the same rate of pay. Margaret finds that she needs her job coach to be on-site at least 2 hours/week for her to be successful in this work. Does Margaret have a subsidy?

☐ Yes

☐ No

Why? _____

Summary

- Disability benefits are only one step on the road to full recovery
- Work is highly valued
- Work enables improved quality of life
- Work provides an essential source of self-esteem
- Be sure to allay fears that benefits will cease

Summary

Understanding work incentives helps case managers and other advocates to work with individuals on next steps in their lives. This module has been a general overview. It is important to discuss specific situations with SSA representatives.

- Disability benefits are only one step on the road to full recovery
- Work is highly valued
- Work enables improved quality of life
- Work provides an essential source of self-esteem
- Be sure to allay fears that benefits will cease
- Be familiar with work incentive programs
- Utilize the *Stepping Stones to Recovery* manual and Web sites for up-to-date information

New Terms:

Extended Period of Eligibility (EPE)

Impairment-Related Work Expense (IRWE)

Plan to Achieve Self-Support (PASS)

Subsidy

Trial Work Period (TWP)

See the Glossary

Note

See Handy Tips on the next page before moving on to the next module.

Note

Handy Tips

- While employment may not be a goal for everyone, it can be an important aspect of recovery. Continuing services should include encouraging those who are capable to try to work.
- Before beginning work, people who receive SSI and/or SSDI should meet with a benefits planner at SSA to understand the potential impact of employment on their benefits. SSA's benefits planners are knowledgeable about the nuances of work incentive programs.
- Obtain information in writing on the potential impact of work on the person's benefits.
- To avoid any difficulties, people who receive SSI and /or SSDI should report any changes in income or employment circumstances to SSA. Case managers can assist as needed and retain copies of any documents or information submitted to SSA.
- Learning about work incentives provides case managers with important information in assisting people with their benefits.
- The work section of the SSA website contains a great deal of useful information. Go to www.socialsecurity.gov/work and explore.

Worksheet 9

SSI Benefits and Work Worksheet

(Use to calculate estimation of earnings and SSI benefits when an SSI recipient is working)

Name _____

DOB _____ SSN _____

SSI Federal Benefit Rate (changes annually) when not working \$ _____ (a)

Gross monthly earnings \$ _____ (b)

Subtract \$65.00 ("earned income exclusion") from gross monthly income – \$ 65.00

= \$ _____

If SSI is the only income before working, subtract an additional \$20.00 – \$ 20.00

= \$ _____

Subtract Impairment-Related Work Expense (IRWE) – \$ _____

(If none, put N/A and proceed to the next step)

= \$ _____

Subtract any Plan to Achieve Self-Support (PASS) related expenses – \$ _____

(If none, put N/A and proceed to the next step)

= \$ _____

Divide this total by 2 ÷ 2

Countable income = \$ _____ (c)

Subtract the countable income (c) from the SSI cash benefit (a) \$ _____

– \$ _____

SSI cash benefit while working = \$ _____ (d)

Add gross monthly earnings (b) to SSI case benefit while working (d) \$ _____

+ \$ _____

Total income for this month = \$ _____

Worksheet 10

SSDI Trial Work Period Tracking Chart

Name_____

DOB_____SSN_____

Month	Gross Earned Income	Trial Work Month (yes/no)	SSDI Cash Benefit	Total Income

Work Incentive Information – Benefits Planning Assistance 2008

Go to www.prainc.com/soar for most recent threshold information.

Also use the SOAR Web Site to access State-by-State information on assistance.

As of 10/26/06, the Benefits Planning, Assistance and Outreach (BPAO) Program was changed to Work Incentives Planning and Assistance (WIPA) Program.

State	Threshold (\$)	State	Threshold (\$)
Alabama	23,363	Montana	28,212
Alaska	53,821	Nebraska	33,015
Arizona	28,171	Nevada	29,850
Arkansas	26,388	New Hampshire	38,727
California	34,346	New Jersey	33,022
Colorado	29,409	New Mexico	32,574
Connecticut	53,631	New York	43,636
Delaware	33,317	North Carolina	31,474
District of Columbia	39,311	North Dakota	37,917
Florida	27,655	Ohio	32,983
Georgia	27,646	Oklahoma	24,360
Hawaii	30,540	Oregon	29,638
Idaho	36,562	Pennsylvania	28,554
Illinois	31,200	Rhode Island	36,148
Indiana	32,148	South Carolina	27,108
Iowa	30,688	South Dakota	31,835
Kansas	31,870	Tennessee	27,811
Kentucky	25,386	Texas	28,358
Louisiana	27,166	Utah	28,235
Maine	41,139	Vermont	36,706
Maryland	35,962	Virginia	29,348
Massachusetts	36,056	Washington	27,143
Michigan	26,318	West Virginia	27,154
Minnesota	44,799	Wisconsin	32,991
Mississippi	24,963	Wyoming	27,233
Missouri	30,454	Northern Mariana Is.	16,308

MODULE XVI

Starting a Community SSI/SSDI Initiative



Introduction

This module focuses on identifying the steps that communities and/or agencies can take to create the infrastructure to support a SSI/SSDI initiative. It describes the kinds of community-based partnerships, communication, and leadership that are essential to success and outlines the commitment required in terms of staff time and effort to improve outcomes on SSI/SSDI applications.

Module Topics

- Benefits of Disability Benefits
- Strategies to Discuss with SSA and DDS
- Steps to Start a SSI/SSDI Initiative
- Agency Implementation
- Track and Report Outcomes

Benefits of Disability Benefits

- For the Applicant
- For the Case Manager
- For the Agency
- For Communities and States

Benefits of Disability Benefits

Benefits of Disability Benefits

For the Applicant

- Provides income support critical for recovery
- Assists with access to additional needed services
- May facilitate the first step on the path to employment

For the Individual Applicant

Benefits of Disability Benefits

For the Case Manager

- Avoids effort needed to appeal
- Avoids trying to serve a person who has no resources
- Leads to more successful outcomes for individuals served
- Creates increased feeling of success and motivation

For Case Managers

Benefits of Disability Benefits

For the Agency

- Allows case managers to be more efficient and effective
- Provides Medicaid reimbursement for health care agencies
- Covers indirect costs incurred in homeless outreach
- Helps implement a recovery model

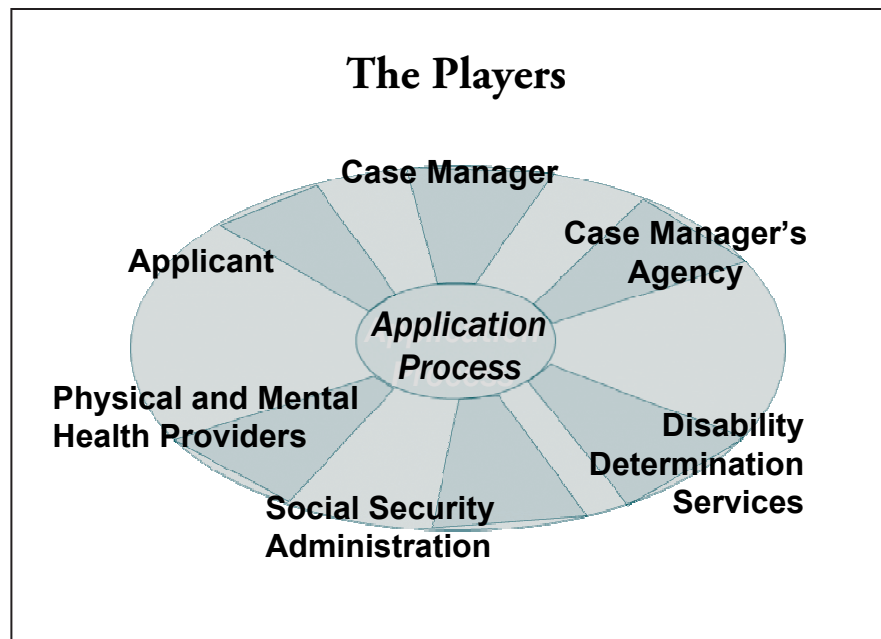
For the Agency

Benefits of Disability Benefits

For Communities and States

- Reimbursement of State general assistance benefits paid out
- Federal Medicaid match
- Payment for services previously covered by State or local government, such as:
 - Shelter
 - Medical care
 - ER visits
 - Medications
- For housing authority, payment of rent

For Communities and States



The Players

Strategies To Discuss with SSA and DDS

Strategy	SSA	DDS
Flag cases as homeless	✓	✓
Assign claims representatives (SSA) or disability examiners/adjudicators (DDS) to SOAR homeless applications	✓	✓
Provide training to community staff to complete SSI application (SSA-8000) on an outreach basis	✓	
Maintain ongoing contact with assigned DDS examiners to coordinate development of information for claim		✓
Ask SSA and DDS staff to attend trainings	✓	✓
Offer to train SSA or DDS staff on aspects of homelessness and mental illness/co-occurring disorders	✓	✓

Strategies to Discuss with SSA and DDS

Steps to Start a SSI/SSDI Initiative

- Identify an individual to be the “lead”
- Identify potential agency partners
- Obtain partner buy-in
- Involve SSA and DDS
- Hold regular meetings
- Schedule training(s)
- Track and report outcomes of applications
- Ask for technical assistance as needed

Steps to Start a SSI/SSDI Initiative

A sample *Memorandum of Understanding* (MOU) for service providers, a process for working with SSA, and tips for working with persons with pending applications or who are in appeals can be found after page 18 of this module and on the SOAR web site, www.prainc.com/soar.

Words
of
Advice

Agency Implementation

To be successful, staff needs to be able to:

- Do outreach
- Become the applicant's representative
- Submit applications electronically
- Obtain records of prior treatment
- Obtain needed assessments
- Write medical summary report
- Track and report on outcomes

Words of Advice

A detailed matrix of the critical components of SSI/SSDI outreach can be found at the end of this module.

Critical Components of Implementing SSI within a Community-based Agency

Staffing SSI/SSDI Outreach

- Staffing models
 - Benefits specialist
 - Homeless or SSI outreach team
 - Assertive Community Treatment (ACT) teams
 - Community support (case manager) generalists trained in SSI/SSDI
- Partner with existing outreach teams

Staffing SSI/SSDI Outreach

Become Applicant's Representative

- Reduces denials due to difficulties maintaining contact with the applicant
- Authorizes communication among DDS, SSA, and representative
- Representatives receive copies of all written communication
- If application is denied, representatives have access to applicant's file

Become the Applicant's Representative

Submit Applications Electronically

- SSDI application
- Disability report *i3368PRO*
- Medical summary report can be sent to DDS examiner electronically
- SSI application cannot currently be done on-line, but may be in near future

Submit Applications Electronically

Obtain Records of Prior Treatment

- Develop relationships with medical records departments
- Offer strategies to ensure receipt of information
 - Copy records yourself
 - Train medical records staff on information needed
 - Form linkages with clinical staff who may help ensure that information is sent
 - Send records electronically if possible

Obtain Records of Prior Treatment

Obtain Needed Assessments

- Work with community partners to identify physicians/psychologists for pro bono assessments
- Educate physician/psychologist partners on benefits of their involvement
- Help physicians/psychologists understand the information needed
- Ask physician/psychologist to co-sign medical summary report

Obtain Needed Assessments

Track and Report Outcomes

- Track the following:
 - Number of applications submitted
 - Length of time to initial decision
 - Outcome of SSA decision
 - Length of time homeless
- Use data to make the case for sustaining or expanding efforts

Track and Report Outcomes of Applications

Summary

- Working together as case managers is the first step
- Systems change is the ultimate goal
- Case managers can help “sell” collaboration
- Develop a work group and an action plan

Summary

- Working together
- Systems change



SOAR Sample MOU and Referral Process

Contents:

- **Sample MOU for Service Provider Assisting with SSI/SSDI Applications**
- **Application and Referral Process**
- **SOAR Checklist**
- **Sample SOAR Consent for Release of Information Form**
- **Tips for Pending Applications and Appeals**

SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative
MEMORANDUM OF UNDERSTANDING
FOR
Service Providers (SP) Assisting with SSI/SSDI Applications

Each SOAR Service Provider will:

- (1) Send staff to a *Stepping Stones to Recovery* training.
- (2) To the extent possible, collaborate with agency physicians/psychologists to provide pro bono evaluations or collaborate with other agencies and universities to do so prior to submission of complete packet of information.
- (3) Complete the SSA-1696 Appointment of Representative form for staff to serve as the representative for homeless adults for the purpose of applying for SSI/SSDI.
- (4) Actively support staff who assists individuals with SSI/SSDI applications to take the time necessary to develop fully the documentation necessary to ensure successful SSI/SSDI applications.
- (5) SSI/SSDI applicants will not be charged a fee nor will payment be expected from retroactive benefits for services with filing SSI/SSDI applications under SOAR. This does not preclude charging Medicaid or another third party should this be possible.
- (6) Establish relationships with local medical provider medical records departments and with other local health providers to obtain needed documentation to support SSI/SSDI claims.
- (7) Maintain communication with all service providers working with an individual in order to obtain any additional documentation and to develop any missing information.
- (8) Track outcomes of applications (# of applications submitted, decisions, time periods, etc.) for all adults served under this initiative.
- (9) Each service provider will designate a liaison who will be responsible for overseeing the SOAR initiative in his/her agency. The liaison is the one who will coordinate the SOAR initiative in this process.

Service Provider Agency Name: _____

Agency Executive Director (signature)

Date

Agency SOAR Liaison's Name (please print)

Phone

E-mail Address

SOAR Social Security Administration (SSA) Referral and Application Process

1. The SOAR Service Provider identifies an individual as a potential SSI/SSDI applicant.
2. The SOAR Service Provider will:
 - Have the potential applicant complete and sign a “SOAR Project Consent for Release of Information” (see attached).
 - Fax the completed/signed Consent for Release of Information to the designated SSA office contact person.
3. The local SSA office contact person will:
 - Determine if the applicant has an application/appeal pending or is currently receiving SSI/SSDI benefits.
 - Annotate the applicant’s SSA status and fax the “SOAR Consent” back to the SOAR Service Provider within 2 business days.
 - If there is no application/appeal pending, the SSA local contact will treat the SOAR Consent as intent to file a claim and protect the filing date by establishing a LEAD in SSA’s system. The date of the faxed form will be considered the protective filing date for the application. In addition, the faxed form will be the Service Provider’s receipt for the establishment of the protective filing date.
4. In preparation for the submission of the entire application packet to SSA, the SOAR Service Provider will:
 - Collect all necessary information for the application, including the 3368 so as to begin to develop the claim.
 - Collect all possible medical records for submission.
 - Review the records for any missing information or the need for further explanation.
 - Review the list of documentation that must be submitted and begin to prepare for that submission.
5. Within a maximum of 60 days of the protective filing date, the SOAR Service Provider will submit the following to **the local SSA office contact**. (NOTE: The on-line forms are completed and submitted at the same time the paperwork is turned into SSA). It is **strongly recommended** that the SOAR Service Provider hand-deliver this paperwork to the local SSA contact rather than mailing it so as to expedite the process.

INITIAL CLAIMS:

- A completed SOAR Checklist (see attached).
- A completed SSA-8000, SSI application, along with any needed supportive documentation. Any questions that the SOAR SP has regarding the completion of the 8000 should be asked of the local SSA contact as the application is being completed.
- Submission of the Internet Social Security Benefit Application (ISBA), which is the on-line SSDI application. The ISBA is only considered to be complete when the applicant is present to click and sign. The Service Provider can assist applicants in the completion of the ISBA, but the applicant must electronically sign it. If access to the internet is unavailable, SOAR Service Provider may submit the paper SSA-16 (SSDI application) along with the SSI application. It is assumed that both applications will be completed.
- The Internet Disability Report (IDR), i3368. If access to the internet is unavailable, SOAR Service Provider may complete and submit the paper SSA 3368 Adult Disability Report.
- Printed/signed/witnessed SSA-827s, SSA Releases of Information.
- The completed SSA-1696 Appointment of Representative form.

- If applicant is HIV+, the SSA 4818.
 - SSA-3373 (if the individual is homeless AND the Service Provider is not submitting a SOAR-recommended medical summary report that incorporates functional information per the SOAR training, this form must be completed as part of the packet. With the SOAR-recommended medical summary report, this form is not necessary.)
6. At the same time that the above application information is submitted, the SOAR Service Provider will also submit:
 - Any medical records that the SOAR Service Provider has from his/her own agency.
 - Any medical records that the SOAR Service Provider collects from other agencies/medical providers according to the SOAR training.
 - Any collateral or other relevant information.
 - The written and co-signed medical summary report in accordance with the SOAR training and process.
 7. From the protective filing date to the submission of the above information, the SOAR Service Provider will consult with the SSA representative and the DDS contact with any questions. After submission of all the materials, the SOAR Service Provider will maintain at least bi-weekly contact with the assigned DDS examiner to ensure rapid response as needed to any additional questions or requests for information.
 8. After receipt of the claim package, SSA enters the SSA-8000 in MSSICS along with the forms from the checklist, and propagates the IDR in EDCS. If a Title II claims is filed, SSA will propagate the ISBA info into MCS and process the claim. SSA will call the SOAR Service Provider with any questions. [Note: The acronyms in this section are SSA specific for SSA's computer system. Service providers need not be concerned with these].
 9. SSA mails the claim receipt to the SOAR Service Provider liaison.
 10. The SSA representative enters an electronic "HOMELESS" Flag. In addition, the SSA representative selects MESSAGE, and adds "SOAR PROJECT." Both actions must be taken to properly flag and alert DDS. The SSA-827s are mailed to DDS. (For appeals, the folder is sent to either DDS or OHA, whichever is applicable.)
 11. Upon receipt in the DDS, flagged claims will be sent to the DDS liaison identified for the assignment of the application to an examiner. The DDS liaison will notify the Service Provider liaison that the case has been assigned to an examiner at the DDS and will provide the examiner's contact information. The SOAR Service Provider is encouraged to contact the claims examiner early in the process to identify him/herself and offer assistance. The claims examiners will contact the SOAR Service Provider if assistance or additional information is needed to develop the claim.
 12. Decisions from DDS and OHA are processed using current procedures.

SOAR CHECKLIST

DATE: _____ FIELD OFFICE CODE: _____

CLAIMANT'S NAME: _____ SSN: _____

☐ Initial Claim

- ☐ SSA 8000 Application for Supplemental Security Income (paper form)
- ☐ Internet Social Security Benefits Application (ISBA), the Internet SSDI application (or SSA-16 if a paper application is submitted) – Submitted on _____
- ☐ Internet Disability Report 3368 -- ADULT – Submitted on _____
- ☐ SSA 3373 Function Report – Adult (only if homeless) (This form is needed **only if** a medical summary report according to the SOAR training is **NOT** submitted.
- ☐ SSA 1696 Appointment of Representative
- ☐ SSA 827 Authorization to Disclose Information to SSA
- ☐ SSA 4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection, if applicable

☐ Data Entry

- ☐ Data will be entered per the protocol decided by, or provided to, the Service Provider

SOAR PROJECT



(SSI/SSDI Outreach, Access, and Recovery)

Consent for Release of Information

Sign this form only if you want the Social Security Administration to give information or records about you to _____ (service provider).

TO: Social Security Administration fax _____ Local SSA Office _____

Customer's Name _____

Date of Birth _____ Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

____ No Record ____ Supplemental Security Income ____ Social Security Disability Income

____ Terminated Record _____ SSI Date Terminated _____
MMDDYY

Current Claim Status

____ SSI Claim Pending:

Initial Claim Date Filed _____
Reconsideration Date Filed _____
Hearing Level Date Filed _____

____ SSDI Claim Pending:

Initial Claim Date Filed _____
Reconsideration Date Filed _____
Hearing Level Date Filed _____

____ SSI Claim Denied:

Initial Claim Date Denied _____
Reconsideration Date Denied _____
Hearing Level Date Denied _____

____ SSDI Claim Denied:

Initial Claim Date Denied _____
Reconsideration Date Denied _____
Hearing Level Date Denied _____

(Circle One)

Denial Reason: Medical Non-Medical Other

Denial Reason: Medical Non-Medical

Other _____

Allowance

____ SSI: Eligibility date _____ ____ SSDI: Eligibility date _____

SSA Claims information was provided by: _____

(SSA Liaison)

Date of Response _____

Telephone Number: _____

SSA Field Office Code: _____

Service Provider _____

Customer's Name _____

Date of Birth _____ Social Security Number _____

I authorize SSA to release the dates and status of my Social Security Disability Insurance and/or Supplemental Security Income application(s), to:

(Service Provider)

(fax #)

This consent for release of information is in effect from _____ to _____ (not to exceed 1 year).
(MMDDYY) (MMDDYY)

I want this information released because I am pursuing entitlement to Social Security disability programs.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information that I provided on this form and that it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____ Relationship: _____
(Below, show signatures, names, and addresses of two people if signed by mark.)

Date: _____

Witness #1

Witness #2

(Print Name)

(Print Name)

(Signature)

(Signature)

(Address)

(Address)

(City, State, and Zip code)

(City, State, and Zip code)

Tips for Pending Applications and Appeals

Scenario #1: Individual has applied and is pending initial decision.

Strategy:

- Submit initial Consent for Release of Information per attached protocol.
- Find out from SSA if the applicant has an authorized representative. If the applicant does not have a representative, ask the person to sign the SSA 1696-Appointment of Representative so you can become the authorized representative.
- Contact the DDS assigned examiner/adjudicator to determine what information is there, what is needed, and how you might assist.
- Proceed as you would if it's an initial claim. That is, if time allows, collect any additional information and write the Medical Summary Report, especially addressing the functional information section.
- Maintain communication with the DDS examiner/adjudicator.

Scenario #2: Individual has applied, been denied and is awaiting hearing. No attorney is involved.

Strategy: Hearings, scheduled through the Office of Administrative Hearings, also called the Office of Disability Adjudication and Review (ODAR), can take months of waiting to schedule. Although SOAR does not require that service providers assist individuals with hearings, SOAR does strongly encourage service providers to:

- Become the individual's representative, completing the SSA 1696 Appointment of Representative.
- Ask the local SSA office for the phone number for the hearings office.
- Contact the hearings office and ask for a copy of the record or a compilation of the record, sending the 1696 to that office to show you are the representative.
- If the applicant has *additional information/diagnoses* that were not known at the time of the earlier decision, compile this information and write a Medical Summary Report. Request a review on record from the hearings office. The new information gathered should make the applicant eligible for a review on record. This review on record enables a decision at the hearings office without waiting for an in-person hearing. Gathering additional information as well as any information about new diagnoses and writing the Medical Summary Report can be very helpful if this request is made.
- Requesting a review on record does not deny a person a hearing. If the person is denied in this review, he/she simply waits for a hearing to be scheduled.
- If the person is scheduled for a hearing and does not have an attorney, contact Legal Aid, Legal Services or another pro bono legal service for representation

Scenario #3: Individual has applied, been denied and is awaiting hearing. Attorney is involved.

Strategy:

- Ask the applicant to sign a release of information so you can talk with the attorney about the case.
- IF the applicant is homeless OR the applicant has received an eviction notice, inform the attorney of this and ask that he/she request an expedited hearing.
- If the attorney is unwilling to do this, find out why.
- If there are concerns about the attorney representation, contact your local protection and advocacy agency to discuss these concerns.
- If the person is not homeless or has an eviction notice but additional information/diagnoses are available, ask the attorney to request a review on record and notify him/her that you will send the new/ additional information to the attorney with permission from the applicant.

General Information: Appeals generally must be filed within 65 days of the denial letter. A request for an appeal may be accepted beyond the limit for “good cause.” For instance, an individual who is homeless, in a hospital, or incarcerated, may not have received a denial letter. A letter to SSA from the service provider requesting that the appeal be accepted for “good cause” and explaining the reason why may lead to an acceptance of the request for appeal after the usual deadline date.

Levels of Appeal: The levels of appeal are currently as follows. With the implementation of the Quick Disability Determination (QDD) process, this may change.

- **RECONSIDERATION:** Available in most states, but not all. Michigan does not have the reconsideration level. This is a paper review done at the DDS by a different adjudicator/examiner. The forms to request a reconsideration are SSA-561 (Request for Reconsideration) and SSA-3441 (Reconsideration Disability Report), available on the Internet. Any new sources identified at the reconsideration level should be noted on the Reconsideration Disability Report and a release of information (827) completed to address these new sources.
- **HEARING:** Done before an Administrative Law Judge. Nationally, hearings are taking about two years on average to schedule. This emphasizes the need to attempt to “do it right” on initial application.
- **APPEALS COUNCIL:** If the person is denied at hearing, he/she may appeal to the Appeals Council, a reviewing body of SSA. At this stage, the person may also file a new claim.
- **FEDERAL COURT:** This is the last appeal level, not typically used.

☐ **HEARING FORMS**

- ☐ SSA 501 Request for Hearing
- ☐ Internet 3441 – Submitted on _____ (If internet access is not possible, this may be completed on paper and submitted.)
- ☐ SOAR Withdrawal of Representation
- ☐ SSA 827 Authorization to Disclose Information to SSA (printed, signed and witnessed)

Critical Components for Assisting Homeless SSI/SSDI Applicants

Critical Components	Requirements	Strategies
1. Case managers and/or outreach workers; possibly benefits specialists	<ul style="list-style-type: none"> Provide sufficient staff to do outreach and engagement and assist applicants Professional clinical and writing skills are needed for case managers If benefits specialists assist, ensure they have the skills to assist homeless applicants 	<ul style="list-style-type: none"> Provide continuing training, locally-based, for case managers assisting applicants Arrange for local/state capacity to provide training by having trainers attend a <i>Stepping Stones to Recovery</i> Train-the-Trainer program and assign them to continuing training functions, area wide
2. Case manager maintains contact and communication with applicant	<ul style="list-style-type: none"> Interest in doing outreach Flexibility and ongoing effort to maintain contact Clarity on SSI/SSDI process 	<ul style="list-style-type: none"> Provide housing and other essential services Provide eligibility assistance to homeless people in hospitals and jails Provide immediate response to access services so applicants feel heard and understood and contact is maintained
3. Applicant signs for case manager to be his/her representative	Use SSA 1696 Appointment of Representative form	<ul style="list-style-type: none"> Provide training for case managers on how to engage applicants Provide assistance to applicants who appoint case manager as their representative; offer others information on how to apply for SSI on their own
4. Staff who assist applicants obtain records of prior treatment and write medical summary report	<ul style="list-style-type: none"> Assign trained staff to work pro-actively with medical records directors Inform them of information needs Offer to copy records Ensure medical providers are aware of what needs to be sent Staff write medical summary report that is co-signed by a treating physician or psychologist 	<ul style="list-style-type: none"> Use SSA and agency release for each treatment source Provide cover letter regarding sending on information to SSA Ensure agency release is HIPAA compliant
5. Assisting agency staff provides/arranges for medical assessment by physician or psychologist	If needed, provide or arrange for physicians or psychologist to conduct assessments, including diagnosis and functioning, for applicants on an outreach basis	Arrange for training of physician or psychologist regarding information needed by DDS
6. Agency reviews application prior to submission	Expert uses protocol to review application for accuracy, completeness and clarity	Expert receives special training regarding review techniques.
7. Agency submits information electronically to DDS	<ul style="list-style-type: none"> Access by case managers to hardware and software needed to do electronic submissions Clarity on electronic submission process 	Provide training on the use of SSA's electronic process
8. Agency communicates and collaborates with SSA and DDS	Request that SSA and DDS: <ul style="list-style-type: none"> Flag cases from assisting agencies Expedite the review Assign claims representatives to assist and disability examiners who specialize in applications from homeless people Communicate directly with assisting agencies about their information needs for particular applications Contact assisting agency if CE needed 	Request that SSA and DDS: <ul style="list-style-type: none"> Flag cases from assisting agencies Expedite the review Assign claims representatives to assist and disability examiners who specialize in applications from homeless people Communicate directly with assisting agencies about their information needs for particular applications Contact assisting agency if applicant needs CE

9. Avoid need for Consultative Examinations (CEs)	<ul style="list-style-type: none"> Provide or arrange for physicians and psychologists (outdoors, if needed) to conduct needed evaluations prior to submitting all documentation to DDS so that CEs are not necessary Ensure collection of all existing medical and functional information that is relevant to the claim. <p><i>If CE is required:</i></p> <ul style="list-style-type: none"> Re-examine approach to all components above. Request that applicant's treating physician (preferred, according to SSA policy guidelines) be allowed to conduct the exam Make sure applicant gets to the exam; have representative accompany if possible 	<ul style="list-style-type: none"> Provide and train the physician or psychologist who will conduct the thorough evaluation SSA needs to determine disability Prepare for needed diagnostic evaluations by having other clinical staff and case managers assist in collection of historical information Make least use of most expensive clinicians
10. Need for representative payee must be resolved.	Develop representative payee services in existing or future SSI initiative programs.	Initially, many homeless adults with mental illness need payees. Goal is to become own payee
11. Agency provides integrated employability strategy	<ul style="list-style-type: none"> Incorporate in case management training strategies for encouraging consideration of and participation in employment at earliest possible time. Ensure case managers are aware of work incentives under SSI and SSDI <i>using Stepping Stones to Recovery</i> training 	<ul style="list-style-type: none"> Invite DOL, vocational service providers to be part of SOAR initiative and to assist in helping case managers assist homeless adults in accessing and keeping employment Make referrals to DOL Disability Program Navigators (DPN's) in local One-Stop Career Centers, or Community Work Incentives Coordinator (formerly the BPAO's). DPN's are located in 30 States plus the District of Columbia and CWICS are in every State and US Territory. See: www.socialsecurity.gov/disabilityresearch/navigator.html for a list of States with DPNs and SEE www.socialsecurity.gov/work/whatsnew.html for a list of the 99 WIPA locations.
12. Assessment of results	<p>Track key data elements:</p> <ul style="list-style-type: none"> Date initial application submitted Date initial decision rendered Outcome of initial decision (approved/ denied) Housing status at time of application (housed/homeless) Use of Appointment of Representative Form 1696 (Yes/No) 	<ul style="list-style-type: none"> If SSA and DDS flag cases, they will have these data and can provide periodic reports on outcomes – allowance rates, length of time to decision, etc. Add data elements to existing HMIS Adapt/adopt tracking systems used for this purpose by other states (e.g., Ohio, Oregon)
13. Sustaining your effort		<ul style="list-style-type: none"> Use outcome data to make the case for sustaining or expanding SSI outreach Explore using retroactive Medicaid payments to fund reimbursement for medical evaluations Work with hospitals, State Medicaid and General Assistance offices to recoup money spent on uncompensated care and general assistance benefits; bring them to the table with the explicit understanding that as they benefit, their assistance in continuing or expanding SSI outreach efforts is needed

CLOSING

Action and Feedback



Summary

This approach works!

You can do this!

SSI and SSDI can be essential

Stepping Stones to Recovery

Convey hope! Encourage the possibilities!

Personal Reflections

- Identify 1-2 key insights or learnings from training
- Identify 1-2 strategies you will implement immediately

Personal Reflections

- Key Insights
- Strategies to Implement

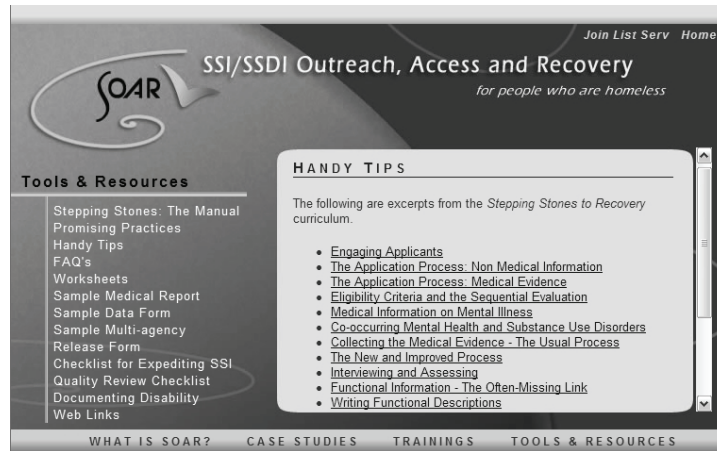
Resources

- See the *For More Information* tab in the Participant Guide
- Remember to use the *Stepping Stones to Recovery* companion manual
- SSA Web site www.socialsecurity.gov
- SOAR Web site www.prainc.com/soar

Resources

Visit The SOAR Web Site Often!

www.prainc.com/soar



Closing

- Post-Test
- Evaluation
 - This information is important for continued improvement of the program and in seeking funding for continued development and delivery
- Thank you!

Post-Test

- Please complete the post-test
- Note that names are not required
- The post-test is used to help evaluate the program, not the participants

Evaluation

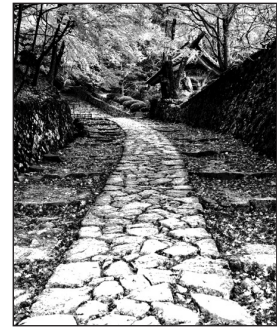
- Please complete the evaluation form
- We appreciate your candid remarks
- Thank you for taking time to give us this feedback

Contact Us

Trainers' Contact Information:

Contact Information:

ADDITIONAL SSA DISABILITY APPLICATION FORMS

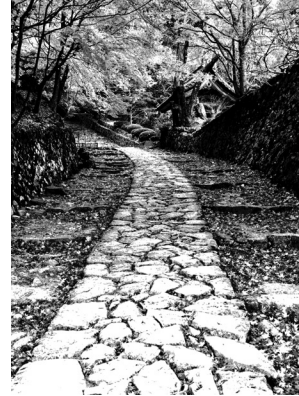


This section contains samples of additional SSA forms mentioned throughout the curriculum as being necessary or helpful to the process of applying for disability benefits. The following forms are included in this section:

- Form SSA-3369 Work History Report..... 3
- Form SSA-561 Request for Reconsideration 5
- Form SSA-787 Physician's/Medical Officer's Statement of Patient's
Capability to Manage Benefits 7
- Form HA-501 Request for Hearing by Administrative Law Judge 9
- Form HA-520 Request for Review of Decision/Order of ALJ 11

SSA-3369

Work History Report



WORK HISTORY REPORT-Form SSA-3369-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can. Then call the phone number provided on the letter sent with the form or the phone number of the person who asked you to complete the form for help to finish it.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Print or type.
- A reference to "you," "your," or "the Disabled Person," or "claimant" means the person who is applying for disability benefits. If you are filling out the form for someone else, provide information about him or her.
- **ANSWER ALL OF THE QUESTIONS FOR EACH JOB YOU DESCRIBE.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 8, and show the number of the question being answered.

WHY THIS INFORMATION IS IMPORTANT

The information we get from this form will help us understand how your illnesses, injuries, or conditions might affect your ability to do work for which you are qualified. The information tells us about the kinds of work you did, including the types of skills you needed and the physical and mental requirements of each job. In Section 2, be sure to give us all of the different jobs you did in the 15 years before you became unable to work because of your illnesses, injuries, or conditions. There is a separate page to describe each different job.

**REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON
COMPLETING THIS FORM ON PAGE 8**

Work History Report -- Form SSA-3369-BK

Privacy Act and Paperwork Reduction Act Statements

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 hour to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO THE STATE AGENCY THAT REQUESTED IT.** If you have questions about how to complete the form, contact the State Agency that requested it. If you need the address or phone number for your State Agency, you can get it by calling Social Security at 1-800-772-1213. You may send comments on our time estimate about SS-1333 Annex Building, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

**PLEASE REMOVE THIS SHEET BEFORE RETURNING
THE COMPLETED FORM.**

WORK HISTORY REPORT

For SSA Use Only
Do not write in this box.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

A. Name (First, Middle Initial, Last)

B. SOCIAL SECURITY NUMBER

C. DAYTIME TELEPHONE NUMBER (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)

() -
Area Code Phone Number

☐ Your Number ☐ Message Number ☐ None

SECTION 2 - INFORMATION ABOUT YOUR WORK

List all the jobs that you have had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

	Job Title	Type of Business	Dates Worked (Month & Year)	
			From	To
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Work History Report - Form SSA-3369-BK

Give us more information about Job No. 1 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 1

Rate of Pay \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
-------------------------	--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did it.)

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 2 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 2

Rate of Pay	Per (Check One)	Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	_____	_____

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did it)

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 3 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 3

Rate of Pay \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
-------------------------	--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did it.)

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 4 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 4

Rate of Pay

Per (Check One)

\$ _____

☐

Hour

☐

Day

☐

Week

☐

Month

☐

Year

Hours per day

Days per week

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?

☐ YES

☐ NO

Use technical knowledge or skills?

☐ YES

☐ NO

Do any writing, complete reports, or
perform duties like this?

☐ YES

☐ NO

In **this job**, how many total hours each day did you:

Walk? _____

Stand? _____

Sit? _____

Climb? _____

Stoop? (Bend down and forward at waist) _____

Kneel? (Bend legs to rest on knees) _____

Crouch? (Bend legs & back down & forward) _____

Crawl? (Move on hands & knees) _____

Handle, grab or grasp big objects? _____

Reach? _____

Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did it)

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job?

☐ YES (Complete the next 3 items.)

☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees?

☐ YES

☐ NO

Were you a lead worker?

☐ YES

☐ NO

Give us more information about Job No. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5

Rate of Pay \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
-------------------------	--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did it)

Check the **heaviest** weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs. or more ☐ Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs. or more ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

Give us more information about Job No. 6 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 6

Rate of Pay \$ _____ Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:	Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did it.)

Check the **heaviest** weight lifted:

☐ Less than 10 lbs
 ☐ 10 lbs
 ☐ 20 lbs
 ☐ 50 lbs
 ☐ 100 lbs. or more
 ☐ Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs
 ☐ 10 lbs
 ☐ 25 lbs
 ☐ 50 lbs. or more
 ☐ Other _____

Did you supervise other people in this job? ☐ YES (Complete the next 3 items.) ☐ NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? ☐ YES ☐ NO

Were you a lead worker? ☐ YES ☐ NO

SECTION 3 - REMARKS

Use this section to add any information you did not have space for in other parts of the form. Show the page number of the part you are continuing.

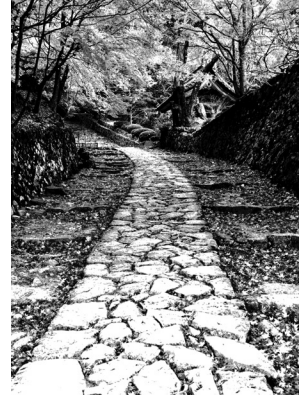
BE SURE TO COMPLETE THE BOTTOM OF THIS PAGE.

Not for
Distribution

Name of person completing this form <i>(Please print)</i>		Date <i>(Month, day, year)</i>	
Address <i>(Number and Street)</i>		Email address <i>(optional)</i>	
City	State	Zip Code	

SSA-561

Request for Reconsideration



REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (If different from claimant.)
SOCIAL SECURITY CLAIM NUMBER	SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER
SPOUSE'S NAME (Complete ONLY in SSI cases)	SPOUSE'S SOCIAL SECURITY NUMBER (Complete ONLY in SSI cases)

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY
(See the three ways to appeal in the How To Appeal Your Supplemental Security Income (SSI) Or Special Veterans Benefit (SVB) Decision) instructions.)
"I want to appeal your decision about my claim for Supplemental Security Income (SSI) or Special Veterans Benefits (SVB). I've read about the three ways to appeal. I've checked the box below."
☐ Case Review ☐ Informal Conference ☐ Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

CLAIMANT SIGNATURE		SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> NON-ATTORNEY <input type="checkbox"/> ATTORNEY	
MAILING ADDRESS		MAILING ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE NUMBER (Include area code)		TELEPHONE NUMBER (Include area code)	
DATE		DATE	

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See list of initial determinations

1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. CLAIMANT INSISTS ON FILING <input type="checkbox"/> YES <input type="checkbox"/> NO
3. IS THIS REQUEST FILED TIMELY? (If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125)

- ☐ NO FURTHER DEVELOPMENT REQUIRED (GN 03102.300)
☐ REQUIRED DEVELOPMENT ATTACHED
☐ REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS

SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (CHECK ONE) →	<input type="checkbox"/> DISABILITY DETERMINATION SERVICES (ROUTE WITH DISABILITY FOLDER)	<input type="checkbox"/> PROGRAM SERVICE CENTER	<input type="checkbox"/> DISTRICT OFFICE RECONSIDERATION
	<input type="checkbox"/> ODO, BALTIMORE	<input type="checkbox"/> OIO, BALTIMORE <input type="checkbox"/> OEO, BALTIMORE	<input type="checkbox"/> CENTRAL PROCESSING SITE (SVB)

NOTE: Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records.

ADMINISTRATIVE ACTIONS THAT ARE INITIAL DETERMINATIONS
(See GN03101.070, GN03101.080, and SI04010.010)

NOTE: These lists cover the vast majority of administrative actions that are initial determinations. However, they are not all inclusive.

Title II

1. Entitlement or continuing entitlement to benefits;
2. Reentitlement to benefits;
3. The amount of benefit;
4. A recomputation of benefit;
5. A reduction in disability benefits because benefits under a worker's compensation law were also received;
6. A deduction from benefits on account of work;
7. A deduction from disability benefits because of claimant's refusal to accept rehabilitation services;
8. Termination of benefits;
9. Penalty deductions imposed because of failure to report certain events;
10. Any overpayment or underpayment of benefits;
11. Whether an overpayment of benefits must be repaid;
12. How an underpayment of benefits due a deceased person will be paid;
13. The establishment or termination of a period of disability;
14. A revision of an earnings record;
15. Whether the payment of benefits will be made, on the claimant's behalf to a representative payee, unless the claimant is under age 18 or legally incompetent;
16. Who will act as the payee if we determine that representative payment will be made;
17. An offset of benefits because the claimant previously received Supplemental Security Income payments for the same period;
18. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that the claimant will not have to return to disability benefit rolls and thus, whether the claimant's benefits may be continued even though the claimant is not disabled;
19. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a jail, prison, or other correctional institution for conviction of a criminal offense;
20. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a mental health institution or other medical facility because a court found the individual was not guilty for reason of insanity; a court found that he/she was incompetent to stand trial or was unable to stand trial for some other similar mental defect; or, a court found that he/she was sexually dangerous.

Title XVI

1. Eligibility for, or the amount of, Supplemental Security Income benefits;
2. Suspension, reduction, or termination of Supplemental Security Income benefits;
3. Whether an overpayment of benefits must be repaid;
4. Whether payments will be made, on claimant's behalf to a representative payee, unless the claimant is under age 18, legally incompetent, or determined to be a drug addict or alcoholic;
5. Who will act as payee if we determine that representative payment will be made;
6. Imposing penalties for failing to report important information;
7. Drug addiction or alcoholism;
8. Whether claimant is eligible for special SSI cash benefits;
9. Whether claimant is eligible for special SSI eligibility status;
10. Claimant's disability; and
11. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that claimant will not have to return to the disability benefit rolls and thus, whether claimant's benefits may be continued even though he or she is not disabled.

NOTE: Every redetermination which gives an individual the right to further review constitutes a final determination.

Title XVII (See VL0301.035)

1. Meeting or failing to meet the qualifying criteria and/or entitlement factors for special veterans benefits (SVB);
2. Reduction, suspension or termination of SVB payments;
3. Applicability of a disqualifying event prior to SVB entitlement;
4. Administrative actions in SVB cases similar to those listed under Title II--items 3, 4, 10, 11 & 16.

Title XVIII

1. Entitlement to hospital insurance benefits and to enrollment for supplementary medical insurance benefits;
2. Disallowance (including denial of application for HIB and denial of application for enrollment for SMIB);
3. Termination of benefits (including termination of entitlement to HI and SMI).

REQUEST FOR RECONSIDERATION*(Do not write in this space)*

NAME OF CLAIMANT	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>(If different from claimant.)</i>
SOCIAL SECURITY CLAIM NUMBER	SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER
SPOUSE'S NAME <i>(Complete ONLY in SSI cases)</i>	SPOUSE'S SOCIAL SECURITY NUMBER <i>(Complete ONLY in SSI cases)</i>

CLAIM FOR *(Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)*

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY
(See the three ways to appeal in the How To Appeal Your Supplemental Security Income (SSI) Or Special Veterans Benefit (SVB) Decision) instructions.)
"I want to appeal your decision about my claim for Supplemental Security Income (SSI) or Special Veterans Benefits (SVB). I've read about the three ways to appeal. I've checked the box below."
☐ Case Review ☐ Informal Conference ☐ Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

CLAIMANT SIGNATURE			SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> NON-ATTORNEY <input type="checkbox"/> ATTORNEY		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER <i>(Include area code)</i>		DATE	TELEPHONE NUMBER <i>(Include area code)</i>		DATE

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See list of initial determinations

1. HAS INITIAL DETERMINATION BEEN MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	2. CLAIMANT INSISTS ON FILING	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. IS THIS REQUEST FILED CORRECTLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	(If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office file)	

RETIREMENT AND SURVIVOR RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125)		SOCIAL SECURITY OFFICE ADDRESS
<input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED (GN 03102.300)		
<input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED		
<input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS		
ROUTING INSTRUCTIONS (CHECK ONE) →	<input type="checkbox"/> DISABILITY DETERMINATION SERVICES <i>(ROUTE WITH DISABILITY FOLDER)</i> <input type="checkbox"/> ODO, BALTIMORE	<input type="checkbox"/> PROGRAM SERVICE CENTER <input type="checkbox"/> OIO, BALTIMORE <input type="checkbox"/> OEO, BALTIMORE
		<input type="checkbox"/> DISTRICT OFFICE RECONSIDERATION <input type="checkbox"/> CENTRAL PROCESSING SITE (SVB)

NOTE: Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records.

HOW TO APPEAL YOUR SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFIT (SVB) DECISION

There are three different ways to appeal. You can pick the appeal that fits your case. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. CASE REVIEW:

You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

You can pick this kind of appeal in all cases.

2. INFORMAL CONFERENCE:

You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

You can pick this kind of appeal in all SSI cases *except* two. You can't have it if we turned down your SSI application for medical reasons or because you're not blind. Also you can't have it if we're giving you SSI but you disagree with the date we said you became blind or disabled. In SVB cases, you can pick this kind of appeal only if we're stopping or lowering your SVB payment.

3. FORMAL CONFERENCE:

This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can do this even if they don't want to help you. You can question these people at your meeting.

You can pick this kind of appeal only if we're stopping or lowering your SSI or SVB payment. You can't get it in any other case.

Now you know the three kinds of appeals. You can pick the one that fits your case. Then fill out the front of this form. We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you the names of these groups.

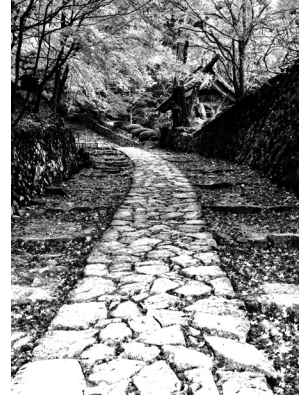
NOTE: DON'T FILL OUT THIS FORM IF WE SAID WE'LL STOP YOUR DISABILITY CHECK FOR MEDICAL REASONS OR BECAUSE YOU'RE NO LONGER BLIND. WE'LL GIVE YOU THE RIGHT FORM (SSA-789-U4) FOR YOUR APPEAL.

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-169 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.**

SSA-787

Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits



PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS**PAPERWORK REDUCTION ACT:**

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions.

In replying, use this address:
SOCIAL SECURITY ADMINISTRATION

TELEPHONE NUMBER (Include Area Code)
()

DATE

SSA CONTACT

Privacy Act: This report is authorized by sections 205(a) and 205(j) of the Social Security Act, as amended (42 U.S.C. 405(a) and 405(j)). While you are not required to respond, your cooperation will help us decide whether any Social Security benefits that may be due should be paid directly to the patient or to someone else on the patient's behalf. Your cooperation in completing and returning this statement will be appreciated.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

IDENTIFYING INFORMATION (SSA Only)
If different from patient

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER

___ / ___ / ___

PATIENT'S NAME

PATIENT'S ADDRESS (Number and Street, City, State, and ZIP Code)

PATIENT'S SOCIAL SECURITY NUMBER

PATIENT'S DATE OF BIRTH

___ / ___ / ___

YOUR HELP IS NEEDED

The patient shown above has filed for or is receiving Social Security or Supplemental Security Income payments. We need you to complete the back of this form and return it to us in the enclosed envelope to help us decide if we should pay this person directly or if he or she needs a representative payee to handle the funds. Please note that this determination affects how benefits are paid and has no bearing on disability determination. Thank you for your help.

WHO IS A REPRESENTATIVE PAYEE

A representative payee is someone who manages the patient's money to make sure the patient's needs are met. The payee has a strong and continuing interest in the patient's well-being and is usually a family member or close friend.

WHO NEEDS A REPRESENTATIVE PAYEE

Some individuals age 18 and older who have mental or physical impairments are not capable of handling their funds or directing others how to handle them to meet their basic needs, so we select a representative payee to receive their payments. Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia. However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM

1. Date you last examined the patient _____ .

2. Do you believe the patient is capable of managing or directing the management of benefits in his or her own best interest?

By capable we mean that the patient:

- Is able to understand and act on the ordinary affairs of life, such as providing for own adequate food, housing, clothing, etc., and
- Is able, in spite of physical impairments, to manage funds or direct others how to manage them.

☐ Yes

☐ No

☐ Unsure

If "Yes", please omit question 3, but be sure to sign and date the form.

If "No", please provide a brief summary of the findings that led to this conclusion. Also, complete question 3.

If "unsure", please explain.

3. Do you expect the patient to be able to manage funds in the future (for example, the patient is temporarily unconscious)?

☐ Yes

☐ No

If yes, please explain.

NAME OF PHYSICIAN/MEDICAL OFFICER *(Please print.)*

TITLE

ADDRESS *(Number and street, City, State, and ZIP Code)*

TELEPHONE NUMBER *(Include Area Code)*
()

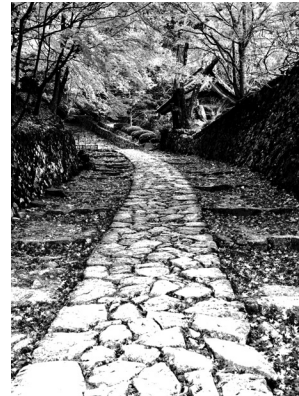
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PHYSICIAN/MEDICAL OFFICER

DATE

HA-501

Request for Hearing
by Administrative Law
Judge



REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

(Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)

See
Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER - -	4. SPOUSE'S CLAIM NUMBER - -
-------------	------------------------------	----------------------------------	---------------------------------

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:

An Administrative Law Judge of the Office of Hearings and Appeals will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

6. I have additional evidence to submit. <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of source of additional evidence: (Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)	7. Check one of the blocks: <input type="checkbox"/> I wish to appear at a hearing. <input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)
--	--

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative).)

[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

8. (CLAIMANT'S SIGNATURE) (DATE)	9. (REPRESENTATIVE'S SIGNATURE/NAME) (DATE)
ADDRESS	(ADDRESS) <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY;
CITY STATE ZIP CODE	CITY STATE ZIP CODE
TELEPHONE NUMBER () -	TELEPHONE NUMBER () -
FAX NUMBER () -	FAX NUMBER () -

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGEMENT FOR REQUEST FOR HEARING

10. Request received for the Social Security Administration on (Date) by (Print Name) (Title) (Address) (Servicing FO Code) (PC Code)	15. Check all claim types that apply: <input type="checkbox"/> RSI only (RSI) <input type="checkbox"/> Title II Disability-worker or child only (DIWC) <input type="checkbox"/> Title II Disability-Widow(er) only (DIWW) <input type="checkbox"/> SSI Aged only (SSIA) <input type="checkbox"/> SSI Blind only (SSIB) <input type="checkbox"/> SSI Disability only (SSID) <input type="checkbox"/> SSI Aged/Title II (SSAC) <input type="checkbox"/> SSI Blind/Title II (SSBC) <input type="checkbox"/> SSI Disability/Title II (SSDC) <input type="checkbox"/> HI Entitlement (HIE) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____
11. Was the request for hearing received within 65 days of the date of the decision or determination? <input type="checkbox"/> YES <input type="checkbox"/> NO If no is checked, attach claimant's explanation for delay and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.	
12. Claimant is represented by: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> List of legal referral and service organizations provided	
13. Interpreter needed <input type="checkbox"/> YES <input type="checkbox"/> NO Language (including sign language): _____	
14. Check one: <input type="checkbox"/> Initial Entitlement Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Postentitlement Case	
16. HO COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII; or <input type="checkbox"/> Title II CF held in FO to establish CAPS ORBIT; or <input type="checkbox"/> CF requested <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI <input type="checkbox"/> Title VIII (Copy of teletype or phone report attached)	
17. CF COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI <input type="checkbox"/> Other Attached: _____	

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b) (1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

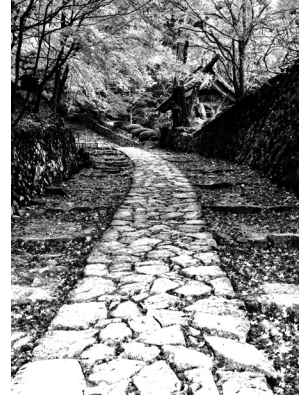
We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about the law and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we require a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**

HA-520

Request for Review of Decision/Order of ALJ



REQUEST FOR REVIEW OF HEARING DECISION/ORDER**(Do not use this form for objecting to a recommended ALJ decision.)***(Take or mail the signed original to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)*

See Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER - -	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)

5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

ADDITIONAL EVIDENCE

If you have additional evidence submit it with this request for review. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. If you request an extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.

IMPORTANT: Write your Social Security Claim Number on any letter or material you send us.

SIGNATURE BLOCKS: You should complete No. 6 and your representative (if any) should complete No. 7. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 7.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

6. CLAIMANT'S SIGNATURE	DATE	7. REPRESENTATIVE'S SIGNATURE	<input type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY
PRINT NAME		PRINT NAME	
ADDRESS		ADDRESS	
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)	
TELEPHONE NUMBER () -	FAX NUMBER () -	TELEPHONE NUMBER () -	FAX NUMBER () -

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS AREA

8. Request received for the Social Security Administration on _____ (Date) _____ (Print Name)			
_____ (Title)	_____ (Address)	_____ (Serving FO Code)	_____ (PC Code)
9. Is the request for review received within 60 days of the ALJ's Decision/Dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. If "No" checked: (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office.			
11. Check one: <input type="checkbox"/> Initial Entitlement <input type="checkbox"/> Termination or other		12. Check all claim types that apply: <input type="checkbox"/> Retirement or survivors (RSI) <input type="checkbox"/> Disability-Worker (DIWE) <input type="checkbox"/> Disability-Widow(er) (DIWW) <input type="checkbox"/> Disability-Child (DIWC) <input type="checkbox"/> SSI Aged (SSIA) <input type="checkbox"/> SSI Blind (SSIB) <input type="checkbox"/> SSI Disability (SSID) <input type="checkbox"/> Health Insurance-Part A (HIA) <input type="checkbox"/> Health Insurance-Part B (HIB) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____	
APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255			

PAPERWORK/PRIVACY ACT NOTICE

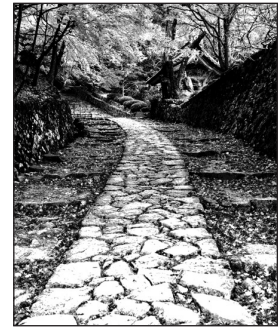
The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and the reasons why information about you may be used or given out are available in Social Security offices. If you want to hear more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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SAMPLE MEDICAL SUMMARY REPORTS



This section contains three sample Medical Summary Reports for additional study.

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Sample Report #1

October 1, 2003

Ms. Mary Jones
Disability Determination Services
P.O. Box 17222
Flintsville, MD 21267-8910

Re: Lester Rush
SSN: 444-44-4444
DOB: 2/2/52

Dear Ms. Jones:

Mr. Lester Rush is a 51-year-old, never married, Caucasian man who has essentially not left his home for the past 23 years. Mr. Rush came to the attention of the SSI Project through his brother, Ralph, who is a patient at the Brisbon Hospital Family Medicine Clinic. His brother, Ralph, mentioned Mr. Rush to staff at this clinic, and they sent out a social worker, physician and, later, a psychiatrist, to see Mr. Rush.

All of Mr. Rush's interactions with the SSI Project were done in his home as he absolutely does not set foot outside his house. Mr. Rush is a tall man of average build who has extremely pale skin. His bottom teeth are all black and rotten. He has long, grey hair that he tucks under a black wool cap. When one shakes hands with him, his hand feels mushy, without muscle tone. He is cooperative in the interview although he has an irritable edge to his responses. He also periodically seemed quite irritated with his brother, who interrupted the interview several times to provide information. Some of Mr. Rush's responses are bizarre. He has an obsessive quality to some of his behavior. He exhibits little eye contact.

Mr. Rush was born and raised in Baltimore. Besides his brother, Ralph, he has another brother, Raymond, who is 57 years old and who had a stroke in January, 1995. Raymond married when Mr. Rush was 17 years old; he lives in Brooklyn, MD. Mr. Rush said that his father died when Mr. Rush was 10 years old, in 1956, of emphysema. He said that his father was hospitalized for 3 years in Detroit and New York for his emphysema and would return home every two months or so for a while. The family moved to the house in which the brothers currently reside in 1956. His paternal grandmother also lived with the family; she died when Mr. Rush was 13 years old. He mentioned, "When I was a kid, a week would be like a month from November to December." He could not explain what he meant by this. He said that his mother, who retired at age 62 in 1979, had pleurisy and was bedridden for 15 months before her death in 1995. He noted, "All her hair fell out." His mother had worked at Smith Company and then the Social Security Administration. He was not

disciplined severely as a child. As a matter of fact, he said that his mother “let us have our own way. We had to come home every day at 9 p.m.” He said that he worked as a paper boy and stock boy. Then, he said, “No, that was Ralph who did that.”

Mr. Rush said that he finished 8 years of school; he quit at age 16. He said that he failed 6th and 8th grades. He said that he wanted to quit school at age 14 but couldn’t. He “never liked school a whole lot,” he said. He could not explain why.

When he was 17 years old, Mr. Rush joined the Navy. He said that the service was “the exact opposite from what I expected. The sergeant made me feel worthless.” After he had been in the Navy a short time, he “started crying in front of the sergeant, the chief.” He said that he had a razor in his hand. The story became confused at that time. He said that he was sent to a psychiatric center for a week and went in front of a board that found him “unsuitable.” This was in Great Lakes, IL. He did not know the name of the psychiatric center and said it had “initials like AWCA.” After that, he was in a “holding company where they pulled my teeth. I was waiting for my teeth.” He was in the Navy for a total of about 4–5 months, although he had enlisted for 3 years.

The discharge letter from the Navy dated 11/4/63 states that the review board found that Mr. Rush “did not possess the necessary degree of adaptability for Navy life, and therefore should not be retained in the service.”

After returning home from the Navy, he said, in 1964, he joined the Merchant Marine. (His brother, Ralph, was also in the Merchant Marine). He commented, “When I was 18, whatever happened at 17 wouldn’t have happened because the ages were different.” He was there for 60 days and then was drafted into the Army.

At his draft physical, he was asked about suicide. He met with a psychiatrist who determined him to be 4F. He was, therefore, not accepted into the Army. In commenting on his type of discharge from the Navy, he said, “I can’t wait to get my regular discharge.” Again, there was no explanation for this. He has not made any efforts to obtain any other kind of discharge.

After his rejection from the Army, he returned to the Merchant Marine. (His description of his time in the Merchant Marine became quite detailed and rambling). He said that the way the Merchant Marine worked was that you would go out to sea for 90 days, return, register again with your card good for another 60 days, re-register if you weren’t given an assignment within 60 days, and continue in this way. He spent a total of 3 years, 11 months in the Merchant Marine.

Mr. Rush said that he spent 30 days on his first ship. Generally, he said, there were about “40 guys on a ship.” He worked in the deck and store departments. The deck department is responsible for steering the ship and tying the ship down. The store department feeds the crew and does the dishes.

During his stay in the Merchant Marine, Mr. Rush said that he went to 17 countries. He liked Puerto Rico the best. He said that things there were slower, and the country was “postcard pretty.”

He said, also, the “people sing on the bus.” He said that he lost weight when he was out at sea because he “stopped drinking Pepsi Colas.”

Mr. Rush also said that, on his first ship, when he saw the ocean, he felt panic, a “fear of desolation.” He said that this happens to everyone. The way to cure it, he said, is that “you close your eyes. Then you inch your eyes up, very slowly, for a few hours, and then you’re okay.” Doing this just one time takes care of the fear, he said, for the whole rest of the times at sea. One time when he was on board a ship, he said, his body went “up and down like jello, without moving. All by its lonesome.”

In the summer of 1968, Mr. Rush said, he went outside and felt panic. He said he felt as though there was a “fear gas” around. He could not describe this more clearly. He said his heart was beating and he felt fear and was “frightened of fear — that it would get more and more.” After 6 months, he said, the feeling stopped. Then he was frightened to register again for the Merchant Marine, so he didn’t. In the summer of 1969, the “fear of the outside” occurred again and he stayed in the house for 5 months. Then, it left again and returned once more. The second time he stayed in the house for 11 months; this was in 1972. Finally, in 1974, he said, he “just decided to stay in.” When asked if he felt this was unusual for a person to do, Mr. Rush answered with a shrug of his shoulders and said, “It happens. It’s a disability.”

In 1983, a row house in their group was firebombed and Mr. Rush was evacuated from the house. He spent about 20 minutes outside and said he felt “frightened, with his heart racing.” He has not left the house since then even to step out the front step or go on the back porch.

Mr. Rush has no known medical problems. However, since he has not been outside, his health is difficult to evaluate. A physician from Brisbon Hospital Family Medicine did do a physical at his home and found no apparent illness other than poor dental hygiene and dental caries. Mr. Rush said that he follows a 2600 calorie diet and notes the calories of every morsel of food that he eats. He said that he used to have a 53” waist but now has a 43” waist. He said that he lost 70 pounds over a 4-month period. He spoke of his diet and following this diet in an obsessive way. He could give no reason for the strict calorie monitoring that he does.

In 1974, Mr. Rush said, he was “drunk” around Baxter and Stone Streets and “got rolled.” Before his wallet was taken, the police came. He said that he was taken to Protestant Hospital and had a “big bruise” on his face and had to have “plasma.” He said that he had stitches and stayed overnight. He said that, after the assault, he was dizzy and his face was swollen. For weeks, he said, his face was bruised. “They wouldn’t let me in the bars because of the bruises,” he said. He also mentioned that no X-ray was taken. A month later, the stitches came out. (Information from records about this incident will be provided later in this report).

Mr. Rush said that, around 1974, he was drinking about a case of beer a day. His mother used to buy it for him. After he was released from Johnson Hospital, where he was hospitalized in 1974, he drank 3–6 beers a day, and then 3 per day. He has had no alcohol since Christmas, 1995. He has no history of illicit drug use.

Since 1956, Mr. Rush has lived in his family home. Up until 1995, he was there with his mother and brother, Ralph. Since her death that year, only he and Ralph live there. The house is a small row house in southeast Baltimore. It is very dark inside with much clutter. The windows and small window in the front door are covered. Mr. Rush's brother, who greets visitors, is very anxious for visitors to walk into the house quickly so the door can be shut and locked. The brother mentioned that they might have mice and one does get several insect bites around the ankles, so it seems that the mice might have fleas. The brothers had very little heat in the winter.

On 4/26/74, at the age of 27, Mr. Rush was admitted psychiatrically, for his second hospitalization, to Johnson Hospital Center. He said that he tried to kill himself by cutting his wrists because he was "feeling sorry for myself." Records from Johnson Hospital indicate that Mr. Rush was admitted voluntarily after being treated at Newspoint Hospital (now Washington Hospital) for a suicide attempt in which he cut his wrists. Records note that Mr. Rush gave a 5-year history of "alcoholism, excessive nervousness and living at home with mother. Has a speech impediment — phobic at times, tremulous. Some signs of organicity, depression and schizophrenia." Admitting diagnosis was alcoholic deterioration and R/O schizophrenia. Records note that Mr. Rush expressed concern about going home without a job. He said that his mother wanted him to "stand on his own feet which he hasn't done in past 5 years." He was anxious in the interview. Medication consisting of Navane, 10 mg t.i.d., Mellaril, 150 mg in the a.m. and bedtime, and Cogentin, 2 mg at bedtime were begun.

During this hospitalization, records note, Mr. Rush had edema of his feet and legs. Mr. Rush was discharged on 5/31/74. He was referred to vocational rehabilitation, according to records. Medication was provided, and outpatient treatment was recommended. Apparently, Mr. Rush neither continued with medication, attended outpatient treatment, nor followed up with vocational rehabilitation.

On 9/27/74, records from Washington Hospital note that Mr. Rush was provided a psychiatric evaluation in the emergency room there after he was transferred from the "surgical unit because of a concussion to the forehead. Pt. found wandering nude and was brought to the ER. Pt. admits to visual and auditory hallucinations but would not give a description of [them]...Pt. has no idea what happened today. Pt. denied alcohol or non-prescription drug usage...Pt. became afraid of dog a couple of days ago, and staying in his room. Pt. telling of voices and telling mother not to be afraid of the voices." Records note Mr. Rush was on Navane, 20 mg at bedtime and Mellaril, 150 mg tablet 2x/day, and 1 at bedtime. He had not taken medication for about two months, these records note. (This evaluation likely followed the assault incident described above).

These records also state that, about a year ago, Mr. Rush stopped going out of the house. Later that evening, his mother arrived and said she would like to take him home. Records state: "Pt. refused to leave...with mother and wanted to spend the night. Pt. stated that he's in jail and can't leave. Mother to return in a.m. to take pt. home. Thorazine concentrate, 200 mg given at 10 a.m. and 300 mg at 11:30 a.m." Impression was paranoid schizophrenia. Plan was for Mr. Rush to continue with medication and to attend the Washington Hospital Crisis Clinic on 9/30. Again, he did not attend outpatient treatment.

On 3/18/97 and 4/1/97, home visits were made by Dr. Sargent, a consulting psychiatrist to the Brisbon Hospital Family Medicine Clinic. The evaluation done at these visits notes that before Mr. Rush became home bound, his family noticed that he would “shake uncontrollably and then leave from the home barefoot even when [there was] snow outside and stand there staring at nothing in particular.” This evaluation concluded that Mr. Rush is a “profoundly impaired man with following diagnosis: Agoraphobia; R/O undifferentiated schizophrenia; R/O schizotypal personality.” The evaluation also stated that Mr. Rush is “incapable of adequately caring for himself in an independent setting. He will require ongoing support for the remainder of his life as well as a payee to handle funds.”

A typical day for Mr. Rush is as follows: First, it is of note that he and his brother have their sleeping arranged so that one of them is awake at all times. They said that they began this when their mother was ill. However, she died two years ago, and they still continue this arrangement. Therefore, Mr. Rush sleeps from about 4 a.m. until 2–4 p.m. (His brother goes to bed early in the evening and arises at 3:30 a.m.). He then drinks some tea, smokes a cigarette, eats something, reads, watches TV, and listens to the radio. He also does the dishes. This is what he does every day.

According to Dr. Sargent’s evaluation, Mr. Rush has no food preparation skills. He states that he can heat stew and cook a TV dinner in a microwave. He does not talk on the phone because he said that this makes him feel “unusual, out of the ordinary.” He has not used the phone for the past three years except for one conversation with his brother’s therapist. He will not answer the phone. He presses *69, writes down the number, and gives it to his brother when his brother returns. His brother does all the shopping. Mr. Rush does some minimal household chores “now and then.” He does not go to the post office. He doesn’t answer the door. He doesn’t ride public transportation, and he cannot manage money without help. He has essentially never had financial responsibility for himself. Basically, his brother provides for all his needs and worries about how to pay for food, taxes, etc. The home they live in was owned by their mother.

Socially, Mr. Rush is extremely impaired. He has no visitors. “The only folks who visit are the people on TV,” he said. Sometimes, when he is angry, he loses his temper. His brother said that, at one point, Mr. Rush broke a telephone when he threw it against the wall. The brother reported this with a bit of a nervous laugh. His brother is the only other person whom he sees. Their relationship is strange. They exhibit similar symptoms although Mr. Rush’s brother is more obviously very anxious. Both exhibit strange thinking. In the report of his history, Mr. Rush once described something he did and then remembered it was his brother who did it. Their other brother used to visit but stopped after he had a stroke.

Mr. Rush exhibited fair concentration. He has no problem-solving skills. His memory seems grossly intact. He scored 28/30 on the MMSE in the SSI Project interview, losing one point on the date and one on recall of only 2/3 objects at 3 minutes. His attention is fair. It is difficult to say how Mr. Rush would function outside the home. In the home, in an environment of very low demand and stress, he is able to attend and concentrate fairly well.

As was noted, Mr. Rush has not been employed since 1968, when he left the Merchant Marine. He has not left his home at all since 1974.

In the SSI Project interview with the Project Director, Mr. Rush, as noted above, was cooperative with some irritability. When he shook hands, his hand was very cold. His conversation rambled when he spoke about the Merchant Marine. Otherwise, he provided extremely little spontaneous information. He sleeps fairly well, during the day. He said that he eats 2–4 times per day and never has more than 1,000 calories at a time. “I eat a lot of bread and margarine with meals,” he said, after emphasizing his limiting his caloric intake. He appears sad but not depressed. Range of expression is quite constricted. Affect is flat. He rates his mood as being 5–6–7/10. He experiences no suicidal ideation, he says, or homicidal ideation. He has a history of poor performance in school. His vocabulary is good. He states that he feels no suspiciousness of others and “trust[s] everybody.” This is not consistent with his behavior. He has a remarkable lack of interest in an outside life and no insight. He gives no thought as to how his bills are paid and how food is bought, etc. When asked what he would do if he and his brother lost the house for non-payment of taxes, he shrugged and said, “I’d be with my brother, Ralph. I would do what I had to do.”

In summary, Mr. Lester Rush is a 51-year-old, never married man who has literally been in his house for the past 29 years. It is likely that he and his brother have schizophrenia and that this fear of outside is related to bizarre thoughts, paranoia, and fear that is more of a psychotic nature than a phobic one. He states that he might like to go outside and might be willing to try doing so in 1–2 years. He has literally lost the last 29 years and has managed his symptoms with extreme isolation. Mr. Rush is a sad man who is truly disabled. Efforts continue to try to determine a treatment course for him, but this is very difficult because of his isolation and unwillingness to go outside at all. Mr. Rush cannot work and will not be able to do so in the foreseeable future.

If you have any questions, please contact Ms. Perret at 410-328-1406 or Dr. Sargent at 410-555-5555.

Sincerely,

Yvonne M. Perret, LCSW-C
Project Director

Cheryl Sargent, M.D.
Consulting Psychiatrist

Sample Report #2

March 24, 2003

Ms. Sharon Williams
Disability Determination Services
P.O. Box 6442
Baltimore, MD 21094-6338

Re: Annette Farnsworth
DOB: 9/1/58
SSN: 222-22-2222

To Whom It May Concern:

Ms. Annette Farnsworth is a 44-year-old, divorced, Caucasian female who has a lengthy history of homelessness and untreated psychotic illness. Ms. Farnsworth has a mannish cut to her hair (it is very short), and she tends to dress in what would usually be considered mannish clothes — trousers, loose fitting shirts, boots. She is dirty and has especially dirty finger nails. Her volume of speech is low. She is 5'6" and reports weighing 125 pounds, noting "I've always been gouty — unhealthy looking." She wears dentures and has small round scars on her right arm that she describes are "black beads that came up through the arm because of the leukemia. They're highly deadly. This happens when I get near a church." Ms. Farnsworth's conversation is replete with delusional somatic references and is extremely difficult to follow. Factual information is interspersed with psychotic material so the history is confusing and unclear. She speaks very sincerely, with sadness and pain, as she describes the number of health difficulties that she has had and continues to have. These have not been confirmed by treatment providers.

Ms. Farnsworth was originally referred to the SSI Project in the summer of 2002. Her application and disability report were completed at Project Believe, a drop-in center for individuals who are homeless and who have serious and persistent mental illness. Then, she disappeared from that center and did not return. Prior to this referral, she had been receiving treatment from Holy Cross Hospital. They lost contact with her as well. Despite further contact with Project Believe, Health Care for the Homeless, and other sources, Ms. Farnsworth was lost.

In January, 2003, the former SSI Project Director was volunteering in the evening at a shelter and re-connected with Ms. Farnsworth. Immediate follow-up was arranged to which Ms. Farnsworth agreed, and we have finally been able to stay connected with her and complete the process. The aim is to connect her with additional mental health services, but this process will proceed slowly and carefully as we do not want to lose her again. She has a severe psychotic illness and definitely needs treatment, assistance, and support.

PERSONAL HISTORY

Ms. Farnsworth was born and raised in Richmond, VA. She said that she has two younger brothers and one younger sister but that she never grew up with them. She said that, when she was 18 months old, her mother took her to Texas. There, she was hit by a “cyclone/tornado/hurricane” and “was thrown” by the storm and “got hurt. Got a brain infection and I was in a coma from then until I was 4 years old.”

When her mother found out how sick she was, Ms. Farnsworth said, and she found out that Ms. Farnsworth’s neck and back were fractured and that she had “polasia, which is part of leukemia” and “needed to be in a quiet place,” her mother called several states. She finally found help here, in central Maryland, and took Ms. Farnsworth to stay with a “guardian,” a Mr. Higgins. Ms. Farnsworth said, “He says I’m an orphan and Lynette [her mother] was his friend and found me and gave me to him.”

Ms. Farnsworth also mentioned that her father died when she was 20 months old. She said that he was an electrician and hit wires on the ground and died.

For the rest of her growing up years, Ms. Farnsworth stayed with Mr. Higgins. She said that she married at age 23, and he died when she was 24 years old. She has not spoken with her mother in 15–16 years and is uncertain if her mother is still alive.

Since she was married at age 23, Ms. Farnsworth has had 5 children, all of whom are in foster care because “I have been too sick to see them.” Ms. Farnsworth said that she was divorced in 1990. She said that all her children were “a surprise” and “they have disabilities.” She described the children as follows:

- (1) Anna Marie Frances, b. 5/25/85, who Ms. Farnsworth said “might have cerebral palsy.”
- (2) William Allan Hightower Wood, b. 7/24/86 — “a surprise.”
- (3) Christopher Robert Timber, b. 2/22/88.
- (4) Scott Timothy Brown Timber b. 6/22/89.
- (5) Elmore France Madrid Prune, b. 5/29/98. “I’m not sure if he had all his organs,” said Ms. Farnsworth.

Regarding her education, Ms. Farnsworth said that she left school at age 15, in the 10th grade. She said that she was in special education. The last school she attended was Transit High School, where she was for one year. She said that she was “too sick” to stay there, and the principal “said I should be on leave.” She said, “I was bleeding in school” and “couldn’t see.” She said that she “left. I didn’t quit.”

According to Ms. Farnsworth, she has no work history because she was been unable to work because of being too sick.

In 1980, Ms. Farnsworth was arrested for a DWI; this was later dropped.

When she was a child, Ms. Farnsworth said, she had SSI. She said that her guardian, Mr. Higgins, who was also her grandfather, died. She said that she couldn’t get her check after he died because

she couldn't walk to the SSA office on Connor Street. She currently has "nothing." She said that she has been homeless for about a year and stays "in the immediate neighborhood. Most of the time, I'm in the fresh air."

PHYSICAL HEALTH

Ms. Farnsworth presents a confusing history of physical health problems. She said that she is being treated at Charity Hospital for "Franchrascicon Broyde" cysts and sees a Dr. Miller there. She said that she had an operation there to try to find these cysts; she still has a cyst under her rib cage and treats this with aspirin, special food, fluids, vitamins, ice, and Sudafed. She said that she had a chromosome analysis at the Washington Optical Clinic at Taylor Evans Hospital because she is going blind. She said that she had a stroke after the operation and was in South Christian shelter. She said, there, she "dropped dead" and was "told to go in the fresh air."

Regarding her medical history, Ms. Farnsworth also said that she was diagnosed with cerebral palsy and polio at birth. She said she had leukemia and is waiting for treatment at Tyler Hospital. She also described being partially deaf and said she had lost her voice as well. She reports receiving treatment between Union Hospital, Taylor Evans Hospital, and Charity. She said she also has "dwarfisms that cause her to grow tumors. After [she] gets rid of one, [she] grows another. I smell because of the drainage." Ms. Farnsworth also said that the doctors keep "looking for the cerebral palsy tumors that keep me stupid. I have to eat special food and special water." In January of this year, Ms. Farnsworth reported having tumors that are coming out through her bowels and are quite painful. As a little girl, she said, she had a "blood clot in her brain and was going to die. I was in Shadsworth at Texas General Hospital. The doctor said you're very sick. [He said} you have to go. I'm going to give you a ride because [you're] smart."

According to Ms. Farnsworth, she has had eye surgery at Washington Optical Clinic and an "internal investigation" at Taylor Evans. She has received treatment at Charity Hospital over the past 4–5 years and said, "just because I didn't get cut doesn't mean I wasn't cut inside."

SUBSTANCE USE HISTORY

When asked about substance use history, Ms. Farnsworth said that she doesn't drink or "do drugs." When asked if she ever did, she replied, "Not really." Years ago, she was arrested for a DWI that was later dropped. There is no current evidence that she uses any drugs or alcohol.

PSYCHIATRIC HISTORY

Ms. Farnsworth said that she has had "depression of the heart" since she was five years old. She reports no psychiatric hospitalizations. She said that she was seen at Taylor Evans for psychiatric outpatient treatment and at Union for "psychiatry with dentistry." She also said that she received case management services through Freedom Hospital. She said that the case manager "took me to the hospital for a psychological investigation." She was to receive medication and said her case manager "went to get the medicine and never came back."

Both Union Hospital and Taylor Evans have no records of treatment of Ms. Farnsworth. On 3/25/02, Ms. Farnsworth was interviewed by the director of the mobile treatment program (MTP) at Holy Cross and was accepted for admission. The interview took place on the street. For the rest of the month of March, she was seen two more times by the mobile treatment therapist but was not very cooperative.

On 4/2/02, Ms. Farnsworth was scheduled to see a psychiatrist at the MTP. She was seen on this date by her therapist on the street but refused to see the psychiatrist. She was rescheduled for 4/9/02. However, on that date, she again refused and was finally seen for an evaluation on 4/16/02. On that date, she had her initial treatment plan completed, was diagnosed with a psychotic disorder NOS, and Zyprexa, 10 mg each day, was initiated. Other diagnoses under consideration were delusional disorder, somatic type and alcohol abuse.

On 4/18/02, Ms. Farnsworth was again seen on the street by her MTP therapist/case manager. The MTP staff attempted to transport Ms. Farnsworth to a somatic appointment, but she refused. She was transported to a drop-in program where she was able to shower and change clothes. Her somatic appointment was rescheduled for 4/23.

On 4/23/02, the MTP staff could not locate Ms. Farnsworth. Another attempt on 4/30 was also unsuccessful. Therefore, she did not keep scheduled somatic appointments.

In May, 2002, Ms. Farnsworth was seen once, early in the month, by her MTP worker. Further attempts were made to locate Ms. Farnsworth on the street, at the drop-in center, and in the downtown area but were unsuccessful. Her case was then closed on 5/31/02 because of lack of contact.

In July, 2002, she reported no treatment for three months.

About medication, Ms. Farnsworth said that she takes Theragram and chlortrimeton. She said the chlortrimeton (an antihistamine) “goes after the tumor. It’s a brain medicine devised to be electrical stimulation to freeze dry or move or make the tumor flow away. One wrong move with it and you just explode. I keep on trying to bust that tumor.”

On 2/3/03, Dr. Sagamore, of the Union Hospital ACT Team, and Ms. Harriet Jones, current director of the Special Outreach Project, met with Ms. Farnsworth at Project Believe. Ms. Farnsworth had missed one appointment with Dr. Sagamore but did keep this appointment on time. The evaluation notes: Ms. Farnsworth “...appears a little older than her stated age. She was disheveled, wearing soiled clothes and multiple layers; she was somewhat malodorous. She made good eye contact. Speech was normal pace and volume...Ms. Farnsworth’s mood was euthymic, affect was odd and somewhat restricted. Thought processes were quite disorganized, circumstantial, tangential, and occasionally loose. Ms. Farnsworth’s thought content was largely focused on a variety of apparently delusional somatic concerns; she reports cancer which traveled from her head to her spine to her stomach, dermatology issues, and problems with her feet. She reports that all of these issues are being treated by the ‘crematology department’ at Taylor Evans. Ms. Farnsworth did not report hallucinations. There was no evidence of dangerousness to herself or others, although her ability to care for herself at this time is marginal. Ms. Farnsworth was alert

and oriented to person, place, time, and situation. Insight into her psychiatric illness is nil and judgment is impaired.” Diagnosis was schizophrenia, chronic undifferentiated type.

In addition to this evaluation, Dr. Sagamore determined that Ms. Farnsworth would need a representative payee for her SSI benefits. Dr. Sagamore writes: “Ms. Farnsworth is currently quite psychotic, delusional, and disorganized. She is homeless and living on the streets. She is too disorganized to be able to handle her funds to meet basic needs such as food, shelter, and clothing.” (It is noteworthy that project staff requested medical records from Taylor Evans, where Ms. Farnsworth states she has received and is currently receiving treatment, and the medical records department staff have said that no records for Ms. Farnsworth exist.)

FUNCTIONAL INFORMATION

Ms. Farnsworth is severely functionally impaired in all major areas. She said that, typically, she “stays out in the fresh air.” Essentially, this means she has no regular shelter. She goes to Project Believe, a drop-in center, from time to time to shower. She eats at a soup kitchen, usually Bread & Bananas. She might walk to the Outer Bay Harbor. She said, “I’ve been asked to stay where there’s a lot of people so I go there. People give me food. It’s been spiritual.” At 10–11 p.m., she leaves downtown and “comes back to the neighborhood.” The neighborhood around Project Believe is east city, not an especially safe area to be staying outside. “Every day is the same,” Ms. Farnsworth said.

According to Ms. Farnsworth, she knows how to cook chicken, pork chops, scrapple, canned vegetables, and soup. She, however, has not done this in some time. She said that she receives food stamps and eats mostly at the 7/11. She said, “I like to eat a lot of food. I have a touch of cholera that has lots of acid and I have to eat 2–3 meals to get enough food. The food acts like a bumper to knock the tumor out.” She does not use a phone or phone directory and does not shop or clean. When she can, she washes her clothes at Project Believe. She reported last showering “four months ago because I was told to stay dry. But I’ve been out in the rain and that washes my face and hands each day.” Ms. Farnsworth feels that she can manage funds on her own because she has a “bank with me.” She walks everywhere but describes having pain in her legs and having difficulty walking.

Socially, Ms. Farnsworth is truly alone. She is isolated and easily becomes frustrated around other people. At the emergency shelter one night, she became quite agitated and almost required intervention to go to the hospital. She was able to calm down, however. She becomes upset easily and her conversation becomes even more confusing and hard to follow. She is clearly trying to communicate clearly but is not doing so. She becomes very frustrated when others don’t follow what she is saying. She said that she has friends but doesn’t know their names, addresses, or phone numbers. She seems to move through the world very alone, scared, and unsupported.

Cognitively, Ms. Farnsworth has an extremely difficult time remembering tasks such as appointments. She is so preoccupied with her somatic worries that they often consume all her attention. She remarks, “Sometimes, right after one of these episodes, I can forget everything and have to relearn it.” She pays close attention but does not seem able to repeat what someone has said to her. She also is somewhat suspicious of others and is somewhat hypervigilant.

SUMMARY

Ms. Farnsworth has a severe psychotic illness that has caused her to be homeless, hungry, and ill cared for. She has extensive somatic delusions that consume her attention and take all her energy. She insists that she is not “crazy” and that the reason she would receive SSI is because of her ongoing and serious physical health problems. She is consistently hungry and, while she has been able to meet very basic needs, her self care has clearly deteriorated. Ms. Farnsworth is in need of gentle and ongoing psychiatric support and treatment, case management, housing services, and an array of other programs to help restore her to some minimal functioning on a regular basis. She is clearly disabled at this time and unable to work.

If you have any questions, please call Ms. Jones at 444-444-4444 or Dr. Sagamore at 444-555-5555.

Sincerely,

Harriet Jones, LCSW-C
Project Director

Winnie Sagamore, M.D.
Medical Director
ACT Program

Sample Report #3—An Abbreviated Report

November 7, 2005

Ms. Frances Hughelet
Disability Determination Services
P.O. Box 9999
Seahawk News, MD 21067-6999

Re: Oliver Daniels
SSN: 111-11-1111
DOB: 1/19/67

Dear Ms. Hughelet:

Mr. Oliver Daniels is a 35-year-old, single, Native-American/Caucasian man who appears younger than his stated age. He is 5'9" and weighs 280 pounds. He has long dark hair, a blank look, and his two eyes are not coordinated together. He said that, as a child, he "caught a fish hook" in his right eye, and he is currently blind in that eye. His right eye dips to the side as one is looking at him. Mr. Daniels has significant tooth decay. He has several tattoos including two on his forehead and several on his arms. The one that is on his forehead between his eyes is a mushroom. The other one on his forehead is a butterfly that is partially covered by his hair. He said he has these two because he is "half Cherokee" and likes "mushrooms and butterflies." He would like to have the mushroom removed since he finds that people stare at it. It is quite noticeable and large. In conversation, Mr. Daniels is friendly, cooperative, and frequently has difficulty processing questions. Some have to be clarified or repeated. He obviously has cognitive difficulties as well as poor judgment.

Mr. Daniels was originally referred to the SSI Outreach Project in January, 2005 prior to his release from Prison Central. The SSI Project Director interviewed him before his release and again after his release, in the home where he was placed. Shortly after the interview, he left this home, and neither the care provider nor his case manager knew where he went. As it turned out, he returned to an old neighbor's house, got arrested for violation of parole (which will be explained later in this report), and was returned to Prison Central. He was again released, this time on 10/15/05, and was referred back to the project. He reports having had SSI in the past, before he was incarcerated.

PERSONAL HISTORY

Please see attached psychosocial report for Mr. Daniels's early history. About his stepfather, Mr. Daniels said, "One time he hit my mother and split her face open."

The reader is asked to note especially Mr. Daniels's foster care history, as explained in the attached report, beginning when he was 9-10 years old until ages 13-15 when he was with his sister in Alaska.

At age 15, as noted in the attached report, Mr. Daniels was in a coma for about two weeks in Antartic State Hospital. The events leading up to this are described in detail in the attached records.

The reader should note as well Mr. Daniels's educational history as he was in special education, said he was told he was "slightly retarded," and believes he completed only the 9th grade. A report of educational and minimal employment history is attached.

Legal history is noted in the attached report beginning when he was an adolescent, through 2004. Since then, he spent time in the Frontal Correctional Institute and in Prison Central, for six months prior to his release in February, 2005. As was mentioned, the SSI Project Director visited him there.

What happened that led to his parole violation is described in attached prison records. His last release was on 10/15/05. He now resides in another licensed board-and-care home on Mt. McKinley Street, where he feels well-treated.

PHYSICAL HEALTH HISTORY

Regarding his physical health, Mr. Daniels is close to being obese. He said that he had gained even more weight recently, bringing him to his current weight of 280. The remainder of his physical history is contained in the attached report. He's been treated at East Park Medical Center and is being treated there for "bleeding from his penis" and a "bad infection." (See attached records).

SUBSTANCE ABUSE HISTORY

Mr. Daniels's substance use history is contained in the attached report and records. He reported that he plans not to use drugs any more and has had nothing since October, 2005, when he was released.

PSYCHIATRIC HISTORY

The first known psychiatric treatment history for Mr. Daniels was on 5/30/83, when he was admitted to Antartic State Hospital (ASH), voluntarily, after being admitted to "Hannah Hospital in a state of unconsciousness after he had ingested Tegretol and alcohol in what witnesses claim was a threatened suicide attempt." Records from this admission are attached and indicate a poor prognosis. He was discharged to the custody of his sister.

On 5/20/91, Mr. Daniels was admitted again to ASH. (Please see attached records, including psychosocial evaluation).

Readmission to ASH occurred once again from 6/8-6/11/91. Mr. Daniels was found on the street “acting bizarrely.” He was discharged fairly quickly as staff felt he did not evidence a psychotic disorder nor was he homicidal or suicidal. Discharge diagnosis was personality disorder NOS.

Another admission to ASH occurred from 8/10-8/13/91. (Please see attached records from this and a subsequent admission to ASH on 11/2/91).

Mr. Daniels was again in ASH from 2/13-3/16/92. During this admission, he was given psychological testing. Records from this admission and the testing are attached. His next admission there was from 5/16-5/19/92 (see attached records).

Between 1992 and 1998, we have no records. From 1998-2003, Mr. Daniels lived again in Bangalore and was seen at the Upper Bangalore Mental Health Center, given a diagnosis of schizophrenia paranoid; R/O antisocial personality disorder and R/O adult ADHD. See attached records.

On 10/30/05, Mr. Daniels was seen for his initial outpatient evaluation at the Josephine Sledge Community Psychiatry Program (CPP). Detailed records from his treatment there are attached as well. Diagnosis there is schizoaffective disorder; R/O bipolar disorder type I; history of polysubstance abuse; R/O intermittent explosive disorder; mild mental retardation, and R/O antisocial personality disorder. Obesity and right eye blindness were also noted. Medications to be started were Risperdal, 4 mg at bedtime; Cogentin, 2 mg at bedtime, and carbamazepine, 200 mg at bedtime.

FUNCTIONAL INFORMATION

Typically, Mr. Daniels gets up between 7 and 9 a.m. He said he then smokes a cigarette and has a cup of coffee. He eats breakfast, does assigned chores, goes to appointments and then sits on the porch or watches TV. He said that he stays in the house most of the time. He is in bed between 10-11 p.m. Weekends are about the same schedule.

Mr. Daniels shows marked impairment in his activities of daily living, in his social functioning, and in his ability to pace and persist in the completion of tasks.

Regarding his activities of daily living, Mr. Daniels reports that the “man who runs the house hired a chef to cook the food. He’s really good.” He said that he knows a “little bit” about cooking but has “trouble because my mind shuts down if I have to do it all myself.” He is able to use the telephone but seldom does. He does not know the phone number of the place where he lives. If he needed to get a phone number, he would call the operator. The man who runs the house does the shopping for food and other things. Mr. Daniels said that he is assigned a rotating chore at the house. “Today, I didn’t do my chore because I got up late and had to come here,” he said. Staff in the house does the laundry. He said that the care provider “is a good guy. He seldom raises his voice. He tries his best to make us happy.” He bathes or showers “no less than every other day.” He said that he has been to the post office “a couple of times in my life.” Although he felt that he could manage his own funds, his treating psychiatrist noted that the extent of institutionalization in his life and his limited skills made him unable to manage his own funds. Either his case manager

or his care provider takes him to appointments or wherever he needs to go. He does not use public transportation. Mr. Daniels has never maintained his own residence. For virtually his whole life, he has been in foster care, in institutions or hospitals, or with family.

Socially, Mr. Daniels remains somewhat shy and uncomfortable around other people. He stays to himself and pretty much stays in the house. He said, "I don't go nowhere except to the hospital or on a ride with Mr. Mohan (the care provider)." He communicates fairly well but has difficulty understanding/processing information. He said that, when angered, "I don't usually get violent but I might cuss somebody out. I think that's normal. I don't keep a grudge longer than 2 days." Mr. Daniels feels that he is still learning how to be with other people. His life of institutionalization has reinforced his isolation and aloneness. He manages when others don't interfere with him. However, when they do, he struggles to keep his behavior in check.

Regarding his ability to pace and persist in the completion of tasks, Mr. Daniels said that he can concentrate if things around him aren't distracting. He feels that his memory is "getting worse than it used to be." He feels that his past drug use probably affected his memory and his thinking as he notices problems with both. He also needs reminders to take his medication. He said this is especially true "when things are going good." His long-term goal is to enroll in karate school and to quit smoking.

SUMMARY

Mr. Oliver Daniels is a 35-year-old, single man who has been in institutional placements for much of his life. His lengthy history of learning difficulties, aggression, substance use, bizarre behavior, and psychotic symptoms have impaired his functioning throughout his life. Without a supervised living situation, Mr. Daniels would likely be re-arrested or re-hospitalized. He needs reminders regarding medication, appointments, and supervision/monitoring regarding behavior control. He has organic problems that result from earlier childhood difficulties, head trauma, and substance abuse. His early history led to the development of personality difficulties that are long-standing and carry a poor prognosis. His work history is sparse; his functioning in the community has been extremely poor. If you have any questions, please call Ms. Francis at 410-328-1406 or Dr. Catnap at 410-955-2292.

Sincerely,

Ms. Frances Francis, MSW
SSI Project Director

Harold Catnap, M.D.
Psychiatrist

Sample Employer Letter to Support SSI/SSDI Claim

August 3, 2005

Disability Determination Services
P.O. Box 9999
Everyplace, USA

Re: Jones, Jane

To Whom It May Concern:

Ms. Jane Jones was hired as an aide at our nursing home and worked here from 2000-2003 in a full-time position. During the years that Ms. Jones was here, she had to take a significant amount of medical leave. However, because she was so well liked by the staff and patients here, we granted such leave. During the last year, she was unable to do her work without someone with her virtually at all times. She would often become confused and needed help completing her assigned duties on time. Initially, other staff were more than willing to pitch in with Ms. Jones as she was very sweet, pleasant, and appreciative. However, over time, it became impossible for us to keep providing this amount of support, and we had to let her go. We were sorry to have to do this.

If you have further questions, please call me at 640-782-9876.

Sincerely,

Clara Barton, RN
Nursing Supervisor

Sample Letter from Collateral Source

June 5, 2004

Disability Determination Services
P.O. Box 5555
Bigcity, New State 44124

Re: Sam Smith
Born: 5/7/77

To Whom It May Concern:

I am the mother of Sam Smith, who is now 27 years old. For a very long time, Sam lived with me. Last year, I couldn't keep him here any more because he was up a lot at night, talking loudly when he was up, and kept saying very strange things to me, like he didn't think I was his mother. I had to ask him to leave because I work and I couldn't keep working when I wasn't getting sleep. I felt really bad about this and worry about him all the time, but I didn't know what else to do.

As a youngster, Sam was a quiet, obedient boy. He didn't give me any problems when he was little. In high school, he started staying more to himself and not doing so well at school. When we would talk about it, he didn't seem to know why. He got quieter and quieter and didn't seem to have any friends. But he was still nice at home, so I didn't worry too much. And he wasn't failing at school, so that was good.

Sam then barely finished high school. After that, he really didn't do anything. He would stay in his room all day and read or just stare at stuff. He started not taking care of himself very well and wouldn't wash without my asking him to. He couldn't tell me why and, when I asked, he would get really angry with me, so I stopped asking. Since my husband passed away a few years ago, it was just Sam and me at home, so I tried not to push him too much.

For a little bit of time, Sam did a few odd jobs, but he couldn't seem to be able to keep work. He would say that the people at work were out to get him or his bosses accused him of doing wrong things. At first I believed him but then I wondered if this could happen at so many different jobs. He gave up trying to get work and then just stayed in his room. Sometimes he would say that I was trying to feed him bad food and he would refuse to eat.

I didn't know what to do. We've never had problems like this before and I didn't realize that what Sam was doing were signs of a sickness. Finally, one day, he got so upset with me I was frightened and called the police. When they got here, he was angry with them, and they took him to the

hospital. He was there for a couple of weeks, and I was told he had schizophrenia. He came back home and was better for a while but then fell back to his old ways.

Right now, Sam doesn't do anything. He's stopped taking the medicine they gave him because he said he doesn't like it. He sometimes goes to the clinic and meets with people there but not as often as he should. He also says that he doesn't trust those people and they're just going to try to put him away again.

Since I had to ask him to leave, I don't know what he does during the day. But, when he was here, he would just stay in his room, eat a little bit, and talk really loudly. When he comes here to see me now, he is dirty and smelly. I let him take a shower and try to wash the clothes he has with him if he will let me. He stops by about once or twice a week. He said that he sometimes goes in a shelter but doesn't like the people there so he sleeps outside. He's not eating much and looks real thin to me. I wish I could let him stay here but I just can't. It breaks my heart to see my wonderful boy like this.

I don't think he talks with anyone and I know he doesn't have any friends. He said people talk about him and point at him wherever he goes. He won't take the bus because of the people and walks here, which makes him really tired. When he comes by, I try to get him to eat something. Sometimes he will, and sometimes he won't.

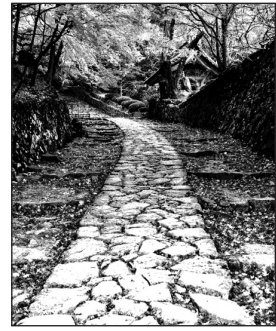
Sam has changed so much. He used to be so bright and clever. Now, he seems to get really confused when I ask him questions. He forgets to do things and can't seem to tell me much about his life and what he does. He always seems to be distracted and thinking about something else even when I am talking to him, and he says he's listening. I know that he hears voices and noises and that's a big problem. I think these voices say very scary things to him.

I hope that you can help my son. I try to give him some help, but my job doesn't pay too much, so I can't do a lot. If you know of some place he can get help, I'd sure appreciate it. Having some income would help him get a place, and that would help him a lot, too. Thank you for reading my letter. I hope this helps. You can call me at work 999-456-2345.

Sincerely,

Sara Smith

VIDEO SIMULATION INTERVIEW



During the course of the training program, participants have had an opportunity to view segments of a video. This video is a role play of a complete interview and it is conducted by the author of this curriculum, Yvonne Perret. Andrea White used her own name in the role play; however, this is a fictitious portrayal for the purpose of illustrating interviewing and assessment techniques. A sample medical summary report for the person depicted in the role play can be found on the next page.

Sample Medical Summary Report for “Andrea”

November 28, 2004

Disability Determination Services
P.O. Box 4444
New York, NY 10000

Re: Andrea White
DOB: 7/16/55
SSN: 111-11-1111

To Whom It May Concern:

Ms. Andrea White is a 49-year-old, single, Caucasian woman who, when asked her age, said it was 42 rather than her correct age of 49. She is overweight but is generally neatly groomed and clean. She has a very flat affect and answers questions in a monotone, with little eye contact with the interviewer. She frequently looks away and volunteers virtually no information; she interrupts from time to time to ask if this will “help me get a check” or “how long will this take.” There is an undertone of irritability as well as sadness. She fidgets some with her hands and clothing during the interview but otherwise stays still, often looking down or away. She sometimes repeats things.

In general, she is cooperative with the SSI-related assessment interview. Her conversation at times loses focus. For instance, she’ll be describing something in her past and then interject, “I need my own place first.” Ms. White has been homeless and living on the street and in shelters for about 5 years. In addition, she has a history of numerous involuntary psychiatric hospitalizations and outpatient psychiatric treatment.

PERSONAL HISTORY

Ms. White was born in Connecticut. For a “while,” she was with both her parents and then “my father left” when she was “little,” before “I went to school.” She was then raised by her mother and has one younger sister, 5 years younger than she. She never saw her father again. When talking about her sister, she said, “I take care of her. I take care of her.” Sometimes, she said, people, usually her mother’s men friends, would come and stay at their house and would come and go.

She said that her maternal uncle came to live with the family when she was 6 or 7 years old and that he was “nice to me, nice to me, he used to give me stuff, presents. He used to give me presents, lot of presents. Let me drink his beer.”

When Ms. White was growing up and did something naughty, she said that her mother sometimes didn’t care and sometimes “she did care.” Her mother’s reaction was difficult to predict. When she “did care,” she would “hit.” When asked if she was hit more than her sister, she replied, “I helped my sister. She was little.”

She said that her mother “slept a lot” and would say she was “sick.” Sometimes, her mother would work as a hostess in a restaurant. She said that her uncle would watch TV, give her beer and tell her that it would help her “sleep.” Her mother also “liked to drink, said it helped her sleep.”

When asked initially about the possibility of sexual abuse, Ms. White got agitated and said she had to go, that she had to leave soon. She then agreed to continue with the interview. Later, she said that sometimes her uncle would “cuddle up and be too close. But he was nice to me and he would give me stuff. He’d pay attention to me. Sometimes it was hard...sometimes I didn’t always want to do that.” She said that sometimes she didn’t want to have sexual relations with him and that was “hard.” She didn’t tell anyone because “he was nice to me.” She said, “It’s hard but now I get people to stay away from me. People stay away from me.” She acknowledged that having people stay away from her was a way to protect herself. Her uncle told her that this behavior would be “their secret. It was our secret.” She said that this behavior started when she was about 8 years old and continued until he moved out, when she was 12. It was only after he left that she quit school and stayed at home, for the first time feeling safe there. She said, “I want to be safe.” Her uncle only worked “sometimes.” After she said this, Ms. White said, “It’s important to be safe.”

Ms. White’s education was limited. She finished 6th grade and began 7th; at the time she finished, she was about 12 years old. She said that she liked the teachers and that they were “nice” to her. She said that she got along with the other kids “okay,” but they had things to do after school. She couldn’t join them because she was “busy. I had to go home.” She said that school was “hard. School’s hard.” She liked art and was “good in art. I liked to paint.” However, she had “no art stuff at home.” She didn’t like math, she said, but she can budget and shop. She said these tasks are “hard” but she “can do it. I need my name to come on my check.” She repeated several times that she “had to go home” after school. She said that she was “going to do” 7th grade over but she “was grown. We had just moved. I was busy and I didn’t need to redo 7th grade.” She said the family moved a great deal, so she attended several schools. In school, she often “had things on my mind.” So, school was “hard.” When asked about any consideration of further schooling, Ms. White said, “Yeah. But I need to get my own place first. I’m smart and could do good in school but I need my own place.”

When Ms. White was 16 or 17, she moved out to live with her boyfriend. She said, “My sister was big by then. She was bigger. She could take care of herself more. She could cook. I taught her how to cook.” Prior to moving out with her boyfriend, Ms. White said that she “would leave home sometimes.” She did not elaborate on this.

She lived with her boyfriend until she was about 19 or 20. She said that he was “nice, sometimes.” She said he was also “mean sometimes” and would “scream, yell, and he would hit sometimes, but only when he got really mad.” She met someone else in a bar and then was with this man. She said, “I got a lot of boyfriends.” Now, she said, she has a “friend.” She said he’s not a boyfriend because they don’t live together. Most of the boyfriends, she said, were “nice.” But she said, “People can get mean.” She said they “didn’t understand. That sometimes you’re tired and you got things to do. They didn’t understand sometimes...” She had a daughter when she was 19 years old, and she doesn’t have an opportunity to see her. She said that her daughter “lives with a new family. She’s safe...I couldn’t take care of her.” She said, “They took” her daughter and she couldn’t see her. Even when her daughter was young, she said, she “couldn’t see her. I was busy. She’s safe.” She said again, “I want to be safe.”

When she first moved away from home, Ms. White said that she “worked in a bar. Waited on tables, took drink orders, got stuff from the basement. I helped them.” She said that she did this, in different bars, for a couple of years. She said, “It’s a lot of work. It’s a lot of work...not everybody’s nice.”

When people weren't nice, she said, she would "leave." The longest she worked in one place was about 6 months. Sometimes, she was "just tired" and would "leave." Sometimes, she "got in some fights with some people and they didn't do things the right way and I was trying to get them to do things the right way. But they were just too stupid to know, so..." She was paid in cash at the end of the workday. She liked "the money" and "some of the people there. They were nice. They gave me presents and stuff. Some of the guys who came in regularly were nice. I liked that." She said that she didn't like "the pressure. Sometimes there was too much pressure. I didn't like it when they said you have to come in every day. I didn't like that. I liked the money every day." She said that she would work a couple of nights and then maybe not. She said that sometimes there was "favoritism." Sometimes, she said, she was the "favorite," but "mainly you know people get tricky." (She did not elaborate on this.)

About any other work, she said, "It's hard. Don't have a place to stay. With work you gotta do the regular thing. And I've been very, very tired. Tired." When she has had some energy, she has "helped people clean their houses. And I help them clean their houses. And I help them take care of things. And sometimes I work in bars. And sometimes people help me... Give me some money." She said that she figures she last worked 20 years ago. She said, "I want to work in an office where people don't bother you." She has never worked in an office. She said she signed up for a training program once but she "didn't go." This was for "clerical" training; she decided not to go because she was "tired." She acknowledged that she becomes worn out and "sad."

When she wasn't working, her boyfriends would sometimes support her. Other times, she would get public assistance, or people would help her. Sometimes, she would panhandle.

PHYSICAL HEALTH

Ms. White said that she has high blood pressure and sometimes gets "bad headaches." She said that she has these sometimes "every day and sometimes I go to the hospital." (The hospital usually is St. Luke's or Bellevue.) She has been given medication in the emergency room but doesn't know the name. The headaches get "quite bad" and they make things difficult for her.

As a child, Ms. White said she was sick a lot. She said that she would get "chest stuff. I was sick." She also had a lot of earaches, would go to the emergency room, and was hospitalized at St. Luke's "sometimes" because she "couldn't breathe." She had asthma and now has an inhaler — "white, not green." She has no history of seizures. Now, she said, she has hepatitis C and was told this at St. Luke's about 3 years ago. She has it checked at the emergency room if she goes back there but has no regular primary care physician. When Ms. White was 10 years old, she had a tonsillectomy and adenoidectomy (T & A). She was in a hospital in Connecticut and was there "for a while." About 10 years ago, her left arm was broken in a fight with her boyfriend. She said that she had it in a cast, which she took off herself. Her arm continues to be "achy," especially when the weather is damp.

When she was young, she fell a "couple of times" and was "hit in the head" when young and as an adult. Sometimes, she said, in fights with her mother, she would get knocked out. She never went to a doctor. As an adult, she fell a "couple of times" and "saw stars." She said this was "sometimes" when she was drinking. She had no treatment.

When asked about her hearing, Ms. White said that she can hear "okay. Sometimes I get distracted." She said that she gets distracted by "different things. Sometimes I hear conversations... sometimes I'm thinking real hard and it's hard for me to hear." She said that sometimes the conversations are "about her" but that she doesn't "hear voices."

Regarding her vision, Ms. White said it is “hard for me to see.” She said that she “got glasses off the table at the shelter.”

SUBSTANCE USE HISTORY

When Ms. White was 7 or 8 years old, she said that her uncle would give her “sip or two” of beer. At ages 12 to 13, she would “get my own” from the beer in the refrigerator at home. At times, Ms. White stopped drinking. She said she started drinking because it helped “other things stay away...your worries.” Though she had “worries” before 12 or 13, it was then that she found the alcohol helped with the worries and helped her to relax and to sleep. Currently, she has a “few drinks sometimes” — vodka or wine. The amount she drinks each day “depends on what there is.” She said she usually has a fifth of alcohol and shares it with 1 or 2 people. She has trouble sleeping and feels the alcohol helps her to sleep. Alcohol is “easy to get and you can sleep,” she said.

After trying alcohol, Ms. White said that she also has used cocaine, crack, heroin, LSD, and PCP. She felt the cocaine and heroin “made me feel normal...like everybody else. Felt better. Sometimes it was calmer, but I felt just like everybody else...even with crack. With crack, everybody’s crazy.” She did not like the LSD or PCP. She said the effects from the drug don’t last long and, afterwards, she feels “jangley,” and wants more. Also, she has headaches, and her alcohol/drug use helps her not feel these so badly. Without alcohol or drugs, she said, she feels “terrible.” She said that cocaine is her drug of choice because it makes her feel “important” and “less tired.” With alcohol, it’s “easy to get” and “you can sleep.” With cocaine, “you’re alert, safer.” With cocaine, she said, you also “can do anything.”

When she has been hospitalized at St. Luke’s, she would get help with her alcohol and drug use. She said that she would like to stop using but not now because she needed a place to stay first. She said that she wanted to stop having these headaches and get a place first. She currently mainly drinks to help her sleep but also uses cocaine and heroin whenever she can to get rid of the “worries.”

PSYCHIATRIC HISTORY

Ms. White said that she has “always felt sad.” There are “times when I feel better. Times when I feel good.” She said, “I start to feel better. Things start to go faster. Things are brighter. Things start to speed up... Stuff starts to race. It’s hard for me. They call it manic-depression...” She said that the doctors told her mother and told me they both had it. She said, “They call it cyclical. But it’s not always like that. It’s not always the same time of year. It’s a different thing.” For most of her life, she has felt sad “and scared.”

She said she’s also had the “speeding up” for a long time and “that’s when I get in trouble.” She said, when she was manic, she would feel “really, really good and then things go too fast. But I liked it.” When manic, also, she stops hearing the voices “telling you you’re bad.” These voices happen more when she’s sad. Then, she said, “I don’t hear voices. This is people talking.” She said, “If you hear voices, you get medication. And the medication makes your mouth all tight and your limbs all stiff and makes your legs jump. I don’t need that! I’m allergic to Haldol.”

She was first hospitalized when she was a teenager and “the police came to my house. I was fighting and screaming.” She said that hospitalizations like this have happened “a lot,” at least 10 times over the years.

Regarding outpatient clinics, she attended treatment in San Francisco and at Bellevue. She has also received treatment from mobile treatment teams in both locations, possibly Assertive Community Treatment (ACT)

teams. She said the mobile teams were “nice” and “understood about medicine, that you were scared to take medicine on the street.”

Records indicate that Ms. White was hospitalized involuntarily at Bellevue in 1970, when she was 15 years old. As she reported, the police were called to her house, and she was taken to the emergency room. At the time, she exhibited extreme manic symptoms and had to be secluded in the hospital several times for out-of-control behavior. She remained in the hospital for a month and was released with a diagnosis of manic depression. She was referred for outpatient treatment and medications were Haldol, 10 mg b.i.d. and lithium carbonate, 300 mg t.i.d. She stayed engaged in outpatient treatment for about 6 months and then dropped out.

Her next hospitalization occurred when she was 23 years old. At this time, she was homeless and had just broken up with a boyfriend. She got into a fight on the street and reported that voices told her to attack the woman who was in the park with her. Fortunately, the woman was not seriously hurt. Again, the police took Ms. White to Bellevue and she was hospitalized. This time, she remained there for another month and was released with a diagnosis of bipolar disorder, most recent episode manic, and alcohol abuse. Again, medications were Haldol and lithium carbonate.

The same pattern occurred four more times between 1980 and 1985. During this period of time, she was hospitalized involuntarily at St. Luke’s twice and at Bellevue twice (see enclosed records). Each time, she was released on medication and had a diagnosis of bipolar disorder, manic, with psychotic features and alcohol abuse. She was referred to outpatient treatment after discharge but attended only sporadically and lost contact because of her homelessness.

In 1987, she was hospitalized twice at St. Luke’s. In September, her second hospitalization (see enclosed records), she was also evaluated neurologically for headaches. She had a CT scan that showed “moderate cerebral atrophy”, more pronounced than would be expected for a person of her age. She was prescribed Tylenol with codeine for her headaches and experienced some relief from this. She again remained in the hospital for several weeks and was discharged with a diagnosis of bipolar disorder, manic, with psychotic features; alcohol abuse; cocaine abuse; and severe headaches. Medication at the time of discharge was Haldol, lithium carbonate, and Tylenol with codeine.

In 1989, Ms. White traveled to Colorado and was hospitalized twice at Denver Central Hospital, again involuntarily (see enclosed records). Each time, she remained there for two weeks and was transferred to the Denver Regional State Hospital, remaining there for an additional four weeks. She was released the second time to a transitional women’s shelter and was prescribed Haldol and lithium carbonate. Diagnosis was bipolar disorder with psychotic features and polysubstance abuse. She was referred for outpatient treatment and attended regularly for 2 months, leaving town to return to the east coast shortly after that.

After returning to New York City, Ms. White was involved with the Bellevue ACT team and remained relatively stable for about a year. Although she was still homeless, she was able to take medication rather consistently. Despite this treatment, she had a hospitalization during that time, after seriously cutting herself in a state of severe depression. After release she was picked up again by the ACT team and treatment was continued. She continued to struggle but began to develop a relationship with the staff of that treatment team.

Ms. White gradually started missing doses of medication and exhibiting psychotic behavior in 1997. She abruptly left New York City and was missing for about three years. As far as we know, her only treatment was in 2000, when she was once again involuntarily hospitalized, this time at San Francisco General in San Francisco, California. She remained there for 3 weeks, acutely psychotic, and was transferred to the Central California Regional State Hospital, staying there for almost a year (see enclosed records). It was during this

hospitalization that a clearer picture of Ms. White's history of trauma and sexual abuse was understood as well as the context for her substance use. Treatment focused on working through the ongoing impact from her traumatic history and on planning ways to be safe and to sleep, without the use of drugs and alcohol. Initially, she attended outpatient treatment and then was referred to a mobile treatment team when her attendance at treatment started dropping. With this team, she received intensive and ongoing treatment. Much outreach was needed to maintain contact with her.

It appears that Ms. White then returned to the New York City area sometime around 2001. Since that time, she has been hospitalized four times, twice at St. Luke's and twice at Bellevue, each time involuntarily. For roughly six months, she was again involved with the ACT team and, with this level of intensive support and monitoring, remained relatively stable.

However, the staffing of this team changed, and Ms. White was not trustful of the new staff and lost contact. Her last hospitalization was about 6 months ago, at St. Luke's (see enclosed records). During this admission, Ms. White had another neurological evaluation that indicated "significant cerebral atrophy." Discharge diagnosis was bipolar disorder, mixed, with psychotic features; polysubstance abuse; and cerebral atrophy. She has no current treatment.

When she has suicidal thoughts, she said, she has tried to hurt herself. When she starts to feel better and knows she'll feel sad again, she cuts her arms, often. When she cuts, she feels "better." Sometimes, she said, she just "ha[s] to let the stuff out...and you don't want to go back there again," feeling so sad. When things start to speed up, she gets in trouble and picks fights. Then the police take her to the hospital.

In the hospital, she said, they give you "stuff that makes you feel funny." She is taking no medication now although the doctor at St. Luke's said she needs to take Depakote and Zyprexa, which makes her somewhat sleepy. She said it's also "supposed to get rid of the thoughts, not the voices, the thoughts." She described what she understands Depakote is supposed to do about her mood changes. With medication in the hospital, she did feel better. However, she said, taking medication on the street is "too hard." She doesn't "like how it makes you feel. It's a lot of work."

FUNCTIONAL INFORMATION

Ms. White's typical day is one in which she "sometimes" sleeps inside the church. She said that she has breakfast there at 6 a.m. and then goes outside. She can return at 6 p.m. and will get a snack then. Lights are out at 11 p.m., and she said it's "scary. You can hear people breathing. And you worry about your stuff." She said that "you can go to a drop-in if you want." Sometimes she goes and sometimes she sleeps outside. She goes to the soup kitchens and sometimes panhandles. "Friends" give her money and bring food. On weekends, the soup kitchens are "different." Sometimes she takes a subway. Sometimes the "street teams" bring you sandwiches. She usually sleeps in a park.

Ms. White exhibits significant functional impairment in her activities of daily living, social functioning, and cognitive abilities to complete tasks. Although Ms. White is clearly intelligent, she is distracted and is quite depressed. She describes many tasks as "hard" and this difficulty is clearly linked to her sadness, depression, and psychotic symptoms that distract her. Her uncontrollable mood swings and inability to manage these unpredictable symptoms also make it difficult for her to take care of what she needs to do. She said that she knows how to make grilled cheese sandwiches, beans, and chicken. (She last had her own place to live 5 years ago.) Sometimes, if she stays inside, people will let her cook, she said.

She can make phone calls but has trouble remembering a number. To find out a number, she said that she would ask somebody and have "people write it down." Then, she said, "people don't answer" anyway.

Regarding shopping, she said that food “costs a lot of money. I don’t know...and it’s hard.” She said she would need “some help,” someone to “show me stuff.” Regarding household chores, Ms. White said that she can do them but that they are a “lot of work.” She said, “Things pile up quickly.” She picks up “stuff” on the street that she “needs” and it takes a “lot of work.” Having all this stuff is “hard,” and she has great difficulty keeping it organized. She’d like a “nice” place to live.

About her personal care, she said it’s “scary” to shower at different places. Bathrooms she has to use now aren’t locked and she worries about her “stuff...a lot of things are scary and I have a lot to do.” She then said she showers every day although it appears this was inconsistent with her feelings about showering. She said “you don’t have to get in the shower...sometimes you can use the sink.” She washes her clothes about every 1 to 2 months.

Regarding budgeting, Ms. White said it is “very hard.” Those bills are “way too high” and there are a “lot of them” and they “come all at once.” It’s a “lot of money,” she said. She said paying all the bills “is terrible.” She acknowledged that she would likely need help with this.

Although she can use public transportation, she said that she can take the subway but usually takes only “one” because it’s “confusing.” She finds herself getting lost frequently. She said that the bus is “hard” because you have to go “up the stairs, and it’s more crowded. And people are not as nice to you on the bus.” She usually walks places.

Occupational therapy evaluation during her most recent hospitalization found that she obtained a score of 4.1/5.8 on the ACLS, indicating significant impairment in several areas including attention, concentration, organization, hygiene, completing tasks, and problem-solving.

Socially, Ms. White is generally hypervigilant, which exhausts her, and mistrustful. She said that she knows and sees people on the street and they “look out for each other.” She sees them fairly often. She has no contact with her sister. She is more comfortable being alone because she “likes quiet, like when people leave me alone.” When alone, she feels safer. Contact with other people, according to Ms. White, is troublesome. Clearly, from her history, the people in her life have been hurtful rather than supportive. When she becomes very angry, she said she tells people to “leave me alone” or she goes “away from them.” She said, “If you lose your temper, you go into the hospital.”

In a safe place, such as a hospital, she is somewhat more comfortable being with other people. She doesn’t visit anyone. Her focus is on staying out of trouble, not reacting in a way that brings police, and controlling her behavior. Given her history of being hospitalized involuntarily when her behavior becomes manic and out-of-control, she understandably maintains vigilance to keep that from happening again.

Cognitively, Ms. White has a difficult time keeping appointments, keeping track of them, remembering names; she said that she remembers dates from the past. (However, she was not able to provide specific dates of hospitalization.) She finds it difficult to complete tasks because she easily is distracted and loses concentration. Given her level of cerebral atrophy, long history of bipolar disorder, and history of head injury, losing focus is understandable. She also volunteered that “paperwork” is hard and there’s too much of it. She finds directions hard to follow and loses track of the information. She said it’s “hard” and she needs people to “write things down, draw them out. People talk fast and things are complicated.”

Ms. White likes to watch children in the park but makes sure not to get “too close” because, she said, she scares people when she’s too close. She also likes to go see art and go to the library to look at art books.

SUMMARY

Ms. White experienced significant and ongoing trauma as a young child in the form of sexual and physical abuse. Not being able to confide in anyone meant that she carried the dreadful secret of her abuse with her for many years. In an effort to dispel the “worries” she had because of this trauma, she followed the family pattern of drinking and, later, using drugs. Her focus on trying to sleep, managing the bipolar disorder that both she and her mother have, and working to “keep worries away” consume her day. She left school at an early age, with limited education, when it was finally “safe” to be at home. Safety is a common theme for Ms. White. As a teenager, she was diagnosed with a bipolar disorder and has had roughly 15 hospitalizations, with the first one being at age 15 and the last approximately 6 months ago. Her engagement in treatment other than hospitalization has been intermittent. Ms. White’s main focus throughout her life has been keeping herself — and people she loved — safe. This was a burden in her life as a youngster and remains one today. She continues to experience significant and unpredictable mood swings that impair her thinking and functioning. The voices that she hears, although she calls them simply “conversations,” fluctuate between being harsh and supportive but are relatively constant. Intense depression has led her, on several occasions, to cut herself, sometimes severely. Her homelessness has reinforced her desperately needed isolation and yet has also made her less safe. She seeks isolation because, in her life experience, human contact has been punishing. Although she expresses an interest in working, she has not been able to do so consistently for 20 years. We believe that Ms. White meets SSA’s disability criteria.

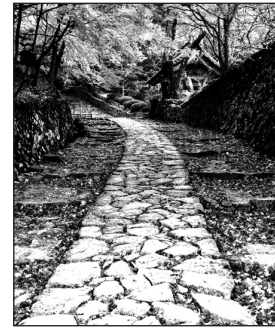
If you have any questions, please contact Ms. Perret at 201-222-2222 and Dr. Friends at 201-222-2223.

Sincerely,

Yvonne M. Perret, LCSW-C
Clinician

Sarah Friends, MD
Psychiatrist

GLOSSARY



Allowance—Approval of an application by the DDS. (Module VIII)

Akinesia—A lack of physical movements. (Module VI)

Anhedonia—Loss of interest in usual activities that gave one pleasure. (Module VI)

Autistic—Thinking that is preoccupied with a person's inner, private experience and is disconnected from outside experiences and interactions. (Module VI)

Blunt/Flat Affect—Affect has to do with an expression of emotion. Blunt affect means that a person's expression of emotion is much less than what would be expected in a given situation; flat affect refers to a person who exhibits little or no emotional expression. (Module VI)

Catatonic—Refers to abnormal motor activity. Lay people may use this term to refer to someone who does not move, appears rigid, or stays in a strange posture for a period of time. (Module VI)

Claims Representative—Social Security Administration staff person who meets with the applicant and processes the application information. (Module III)

Consultative Examination—Evaluation performed by a physician or psychologist who contracts with the DDS to do such work. The evaluation is scheduled when existing medical evidence for an applicant collected by the DDS is insufficient to make a disability determination. (Module VIII)

Delusion—A false belief. For example, a person may believe he or she has special powers or is a famous person when he or she is not. (Module VI)

Date of Onset—Date an applicant stopped working due to a disability that is used by SSA and the DDS to determine eligibility for SSDI. (Module IV)

Dictionary of Occupational Titles (DOT)—Two-volume manual that contains a listing of hundreds of jobs in the U.S. and descriptions of the skills necessary for each. It is published by the Department of Labor.

Disability Determination Services (DDS)—State agency that contracts with SSA to make disability determinations. The agency exists in each State, under various State departments; whether under the Department of Vocational Services, Vocational Rehabilitation or the Department of Education, however, the function of DDS remains the same and is Federally determined. (Module I)

Disability Examiner—Disability Determination Services staff person assigned to work on and process the disability determination. (Module III)

Dyskinesia—Problems with the ability to perform voluntary movements. (Module VI)

Extended Period of Eligibility (EPE)—(SSDI Only) An extension in the period of eligibility to provide a cushion for SSDI beneficiaries in which they can receive SSDI benefits for months in which they do not earn up to the levels indicated for substantial gainful activity. (Module XV)

Federal Benefit Rate (FBR)—The amount on which SSI disability payments are based. This amount may be supplemented through State monies, determined by the individual State. (Module I)

Field Representative—Social Security Administration staff person who acts as community liaison and who does outreach to community programs. (Module XVI)

Gastritis—Inflammation of the stomach. (Module VI)

Hallucination—Sensory perception that is not true. People mainly talk about auditory hallucinations (hearing voices or noises) or visual hallucinations (seeing things that are not there). However, there are a number of other hallucinations that are less common and that have to do with each of the different senses. (Module VI)

Health Insurance—Health insurances available to beneficiaries include Medicaid (SSI) and Medicare (SSDI). (Module XIV)

Impairment Related Work Expenses (IRWE)—(SSI & SSDI) a person's out-of-pocket expenditures that are related to his or her disability and that enable the individual to work. (Module XV)

Income Exclusion—(SSI Only) specified amounts of earnings that are not counted in formulas for deductions to SSI benefits when the person begins to work. (Module XV)

Lability—Unstable emotions; usually refers to shifts of mood or expression of emotion. (Module VI)

“Listings”—Abbreviated reference to the *Disability Evaluations Under Social Security*, or ‘Blue Book,’ a listing of impairments that the DDS uses to determine if a particular diagnosis meets the disability criteria. (Module V)

Loosening of Associations—Speaking in a way that jumps from one topic to another without any flow to the thoughts. Loosening of associations has to do with thinking where ideas shift from one topic to another in a way that does not relate or flow. (Module VI)

Maladaptive—Poor or inadequate adjustment to life. (Module VI)

Manic—Characterized by an elevated mood that includes such behaviors or symptoms as decreased sleep, raised self-esteem, grandiose ideas, rapidly changing thoughts, and irritability. (Module VI)

Medical Evidence—Treatment information provided in medical records by physicians, clinical psychologists, speech and language pathologists, and laboratory results. (Module IV)

Neuropsychological—In this curriculum, neuropsychological refers to specialized psychological tests that focus on the working of the brain and cognitive functions. (Module VI)

Non-Organic—Not caused by a physical or structural problem. (Module VI)

Pancreatitis—Inflammation of the pancreas, a gland that helps with digestion. Often associated with alcohol use. (Module VI)

Paranoia—Having to do with delusions of persecution or grandeur. (Module VI)

Perceptual—Has to do with the conscious acknowledgement of a sensory stimulus. (Module VI)

Peripheral Neuropathies—Problems with motor functioning in the peripheral nervous system, usually affecting muscle activity such as walking, standing, etc. (Module VI)

Plan to Achieve Self-Support (PASS)—(SSI Only) A plan that enables SSI recipients who work to set aside a portion of monthly income and/or assets to achieve a work goal (for example, to get further education or training). (Module XV)

Poverty of Content of Speech—While a person may speak with the usual number of words, the meaning of the words seems absent or vague, and the speech provides little information. Responses may be ambiguous or stereotypical. (Module VI)

Premorbid—Before the illness. (Module VI)

Pressure of Speech—Speech that is very fast, difficult to interrupt, and has many more words than necessary. (Module VI)

Protective Filing Date—Date generally used when considering the eligibility date for SSI. (Module III)

Psychogenic—Caused by something emotional or psychological. (Module VI)

Psychomotor Agitation—Excessive activity, either in movements or in thinking, that is usually not productive and is in response to inner tensions. (Module VI)

Psychomotor Retardation—Noticeably slower thought, speech, and movement. (Module VI)

Psychotic—Refers to symptoms of an illness that illustrate a loss of contact with reality. Symptoms may include hallucinations, delusions, and disorganized thinking. (Module VI)

Representative Payee—Person who is responsible for receiving and managing a recipient's SSI/SSDI benefit. (Module XVI)

Residual Functional Capacity—The assessment of a person's ability to do past work despite the existence of an impairment. (Module V)

Sequential Evaluation—Five-step evaluation process that SSA and DDS use to determine eligibility for SSI and/or SSDI. (Module V)

Social Security Administration (SSA)—An independent Federal agency that, among other responsibilities, oversees two income support programs for people with disabilities: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). (Module I)

Social Security Disability Insurance (SSDI)—Federal disability program, administered by the Social Security Administration (SSA), that provides benefits to blind or disabled individuals who are “insured” based on contributions paid into the Social Security trust fund, as authorized by the Federal Insurance Contributions Act (FICA). (Module I)

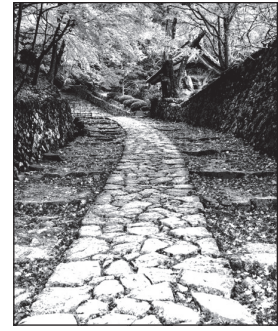
Subsidy— (SSDI Only) Additional funds provided to SSDI beneficiaries to compensate for the additional supports the worker needs in order to do the same job for the same pay as other workers (usually provided by employers). (Module XV)

Substantial Gainful Activity (SGA)—Amount of monthly gross earnings defined by SSA as significant mental and physical activity completed for pay or profit. The limit of SGA is increased yearly. (Module I)

Supplemental Security Income (SSI)—Federal disability program, administered by SSA, that provides benefits to low income people who are disabled, blind, or elderly. (Module I)

Trial Work Period (TWP)—A 9-month period during which recipients of SSDI have gross earnings above a SSA-defined limit but continue to receive benefits. (Module XV)

FOR MORE INFORMATION



Print Resources

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- Rosen, J., Hoey, R., Steed, T. (2001). Food Stamps and SSI Benefits: Removing Access Barriers for Homeless People. *Journal of Poverty Law and Policy* (March-April): 679-696.
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- Rosen, J. and Perret, Yvonne. (2005). *Stepping Stones to Recovery: A Case Manager's Manual for Assisting Adults Who Are Homeless, with Social Security Disability and Supplemental Security Income Applications*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Social Security Administration. (2005). *2005 Red Book: A Summary Guide to Employment Support for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs*. Baltimore, MD: Social Security Administration.

Electronic Resources

DisabilityInfo.gov: www.disabilityinfo.gov

Disability Services: Advocates for People with Disabilities: www.disabilityawards.com/faqs.html

First Step: On the Path to Benefits for People who are Homeless: [www.mrsh.net/Firststep/FirstStep%20\(D\)/index.html](http://www.mrsh.net/Firststep/FirstStep%20(D)/index.html)

GovBenefits.gov: www.govbenefits.gov/index.jsp

National Council on Disability: www.ncd.gov

National Health Care for the Homeless Council, Resources on Disability: www.nhchc.org/determiningdisabilities.html

National Law Center on Homelessness and Poverty: www.nlchp.org

SOAR (SSI/SSDI Outreach, Access, and Recovery): www.prainc.com/soar/

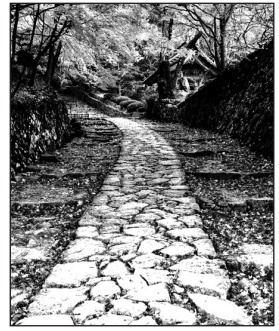
Social Security On-line: www.socialsecurity.gov

- Service to the Homeless: www.socialsecurity.gov/homelessness
- Disability Programs: www.socialsecurity.gov/disability
- Disability Planner: www.socialsecurity.gov/dibplan/index.htm
- Blue Book Listing: www.socialsecurity.gov/disability/professionals/bluebook
- SSI Home Page: www.socialsecurity.gov/notices/supplemental-security-income
- The Work Site: www.socialsecurity.gov/work
- Plan for Achieving Self-Support: www.socialsecurity.gov/work/ResourcesToolkit/pass.html
- Social Security Program Rules: www.socialsecurity.gov/regulations/index.htm
- SSA's Program Operations Manual System: <http://policy.ssa.gov/poms.nsf/aboutpoms>
- Social Security's Hearing and Appeals Process: www.socialsecurity.gov/representation
- Social Security Benefit Application: www.socialsecurity.gov/applyforbenefits
- Social Security Electronic Newsletter: www.socialsecurity.gov/enews

Substance Abuse and Mental Health Services Administration On-line: www.samhsa.gov

- Mental Health Services Locator: www.mentalhealth.samhsa.gov/databases
- Substance Abuse Treatment Facility Locator: www.findtreatment.samhsa.gov/facilitylocator.doc.htm
- National Clearinghouse for Alcohol and Drug Information: www.health.org
- Health Information Network: www.samhsa.gov/shin

CONTRIBUTORS



Policy Research Associates, Inc.

Project Director

Deborah Dennis, MA

Curriculum Authors

Yvonne Perret, MA, MSW, LCSW-C

Deborah Dennis, MA

Design of Curriculum and Materials

Jackie Massaro, LMSW

Margaret Lassiter, MA

Aaron Seaman

Donna Aligata, RNC

With Contributions From

Jason DeStefano, Terri Hay, Janet Mattox, and Jillian Price

Review Group

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