

SOAR
SSI/SSDI Outreach, Access, and Recovery
Improving Access to Mainstream Services for People Experiencing Chronic Homelessness

Attached is a document that will be used to capture, evaluate and report outcomes for the SOAR Technical Assistance project. It is named *Post-SOAR SSI/SSDI Training Data Form*. Part I is being sent to you for data 6 months after attending the SOAR training. Part II will be sent to you for data 1 year after attending the SOAR training. You may copy this form as needed. Please fax, e-mail, or mail completed copies of this form to Terry Mastin at the addresses below.

Post-SOAR SSI/SSDI Training Data Form Instructions Part I

Column 1: Identify the people you assisted with application for SSI/SSDI in the six months after attending the SOAR training in your area. You may identify the applicants with initials, numbers, or whatever method you choose. Do not provide names and/or Social Security Numbers in order to maintain confidentiality.

Column 2: The next column asks whether or not a person's *initial* application was approved. If the person was approved for SSI or SSDI as a result of the initial application, circle "yes." If they were not approved on the initial application, circle "no." If you circled "yes" in Column 2, skip to Column 4. If you circled "no" in Column 2, fill out Column 3.

Column 3: If the person was not approved upon initial submission of their application, indicate whether the application was subsequently approved on reconsideration, or at a hearing, or if they are still waiting for a decision. If, for whatever reason (i.e. the person moves away, does not want to continue, etc.), no more work was done on the application after the initial submission, then circle "No further action." If you have gone through a Request for Consideration, Hearing, or some other appeal process, and the application was denied, circle "Denied" in Column 3.

Column 4: In the next column, put down the date the initial SSI/SSDI application was submitted to Social Security.

Column 5: Put down the date Disability Determination Services (DDS) made a decision.

Column 6: Put down the date that the individual received their first monthly payment (whether SSI, SSDI, or a combination of SSI/SSDI—not the back payment) from the Social Security Administration. The set of dates recorded in Columns 5 and 6 indicates whether or not there was any delay between approval by DDS and payment from SSA.

Column 7: Indicate whether the individual was stably housed, homeless or at imminent risk of homelessness when you began working with them. If you circle "housed" or "imminent risk," then you do not have to fill in Column 8.

"Initial Contact" refers to when you first began assisting an individual with the SSI/SSDI process.

"Homeless Individual" is defined as "A person who has no fixed place of residence or resides in temporary housing such as a hotel or shelter."

"Imminent risk of becoming homeless" is defined as "A person who has received an eviction notice or other indication that they will lose their permanent or fixed place of residence within 30 days and have no other housing or resources to replace their permanent or fixed place of residence."

Column 8: If the individual was homeless when you first began assisting them with the SSI/SSDI process, how long had they been homeless prior to your initial contact with them? Please estimate the number of months the person was homeless.

If you have any questions about the attached form and/or instructions, please feel free to call and/or e-mail me.

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