

# Post-SOAR SSI/SSDI Training Data

## Form I: 6 months after SOAR Training

Date of SOAR Training: \_\_\_\_\_

Location of Training (City/Town): \_\_\_\_\_

Completed by: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(1) SSI/SSDI Applicants Assisted 6 Months After SOAR Training Date	(2) Approved Upon Initial Submission of Application? <i>(circle Yes or No)</i>	(3) <i>If not approved Initially.....</i> Please put a check in the box that best describes the current status of the application.					(4) Date of Initial Submission	(5) Date of DDS Decision	(6) Date of First Payment from SSA	(7) Housing Status at Point of Initial Contact <i>(circle one)</i>	(8) If Homeless At Initial Contact, How Long? <i>(in months)</i>
		No Further Action	Waiting for Decision	Approved on Reconsideration	Approved at a Hearing	Denied					
	Yes No	No Further Action	Waiting for Decision	Approved on Reconsideration	Approved at a Hearing	Denied				Housed Homeless Imminent Risk	
	Yes No	No Further Action	Waiting for Decision	Approved on Reconsideration	Approved at a Hearing	Denied				Housed Homeless Imminent Risk	
	Yes No	No Further Action	Waiting for Decision	Approved on Reconsideration	Approved at a Hearing	Denied				Housed Homeless Imminent Risk	
	Yes No	No Further Action	Waiting for Decision	Approved on Reconsideration	Approved at a Hearing	Denied				Housed Homeless Imminent Risk	
	Yes No	No Further Action	Waiting for Decision	Approved on Reconsideration	Approved at a Hearing	Denied				Housed Homeless Imminent Risk	