

SOAR (SSI/SSDI Outreach, Access, and Recovery)

Instruction Sheet for Pre-SOAR SSI/SSDI Training Data Form

Attached is a **Pre-SOAR SSI/SSDI Training Data Form** that will be used to capture, evaluate and report outcomes for the SOAR Technical Assistance project. Please complete this form prior to attending SOAR training and bring it with you to the training. The purpose is to monitor improvement, as a result of SOAR training, in accessing SSI and SSDI benefits for eligible people disabled by mental illness.

Part I. All participants must complete Part I (the box at the top of the page). If you have **not** assisted any individuals with SSI/SSDI applications in the year prior to attending the SOAR training, initial the indicated box.

Part II. Participants who have assisted clients with applying for SSI/SSDI in the past year must complete Part II as follows:

Column 1: Identify each person you have assisted with an application for SSI/SSDI in the year previous to the training. Identify the applicants with initials, numbers, or another code to identify each person. Do not use names or Social Security Numbers in order to maintain confidentiality.

Column 2: Indicate whether the person's *initial* application was approved. If the person was approved for SSI/SSDI benefits as a result of the initial application, circle "yes". If not, circle "no". If results for the initial application are still pending, then circle "pending." If you circled "yes", skip to Column 4.

Column 3: If you circled "no" or "pending" in Column 2, indicate what happened next. Circle the response that best describes the current status of the application.

Column 4: Insert date of initial application to Social Security and date of the initial decision letter. Calculate the number of months from the date of initial application to decision. If you do not have exact dates, please estimate.

Column 5: 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 6.

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

"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 6: 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.

If you have any questions about the attached form and/or instructions, please call or e-mail:

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