

## **SOAR (SSI/SSDI Outreach, Access, and Recovery) Case Management**

### **Need Help Applying for Social Security disability benefits?**

SOAR is a national model for assisting people with initial and reconsideration stages of Social Security disability benefits. In this case management model, we meet with people regularly to accomplish the following:

- Request and obtain medical records
- Complete assessments to provide additional documentation to support application
- Complete required Social Security paperwork

SOAR is particularly useful for individuals who are experiencing homeless, living with undiagnosed mental health or addictions concerns, or have difficulties with reading or writing.

You do not need to work with the SOAR team to complete an application. If you are able to fill out paperwork independently, have a stable mailing address, and feel comfortable answering questions about your diagnoses, we may recommend you apply on your own. In these situations, we can be here for support or questions you may have along the way.

In addition, if you are already in case management in another agency, we will encourage you to work with your existing support to complete the application. We can provide support to this case manager or agency, as appropriate.

If you are interested in applying for Social Security disability benefits, we will have a discussion about the strict disability requirements that are set by Social Security and how your disabling conditions may or may not fit those criteria. Please complete the following steps so we can explore if completing an application is appropriate for you as well as how we can best support you in this application process.

- 1) Have your doctor and/or psychiatrist fill out the attached **Medical Evaluation Report**.
- 2) When the **Medical Evaluation Report is completed** by your doctor and/or psychiatrist, please contact **Ashley Moore at 202-386-7605 or [amoore@breadforthecity.org](mailto:amoore@breadforthecity.org) to discuss next steps.**





Government of the District of Columbia  
Department of Human Services  
Income Maintenance Administration

For DHS Use Only	
Worker:	_____
Case #:	_____
MRT Doctor	
Reviewer:	_____

**MEDICAL EXAMINATION REPORT**

**To be completed by the customer/patient:**

Customer/Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact (Optional): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize my alternative contact to provide information about me to representatives of the Income Maintenance Administration.

Signed: \_\_\_\_\_ (Customer/Patient)

**To be completed by the medical professional:**

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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**The information provided in this form will be used to determine eligibility for benefits requiring a finding of disability under the Social Security disability criteria. Please focus your responses on the patient's ability to perform work functions.**

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**Physical Examination Report**

Date of exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical Conditions, Clinical Manifestations, and Diagnosis:**

*(Please include ICD-9 Codes or DSM-IV Codes and avoid abbreviations as much as possible):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe Objective Findings, Clinical Findings and your treatment recommendations:**

*(Especially since we do not see the individual, we need your observations. Please include all of the patient's positive test results and signs found during examination.):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Functional Limitations	Degree of Limitation				
	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Marked <input type="checkbox"/>	Extreme <input type="checkbox"/>
Restrictions of Activities of Daily Living					
Difficulties in maintaining Social Functioning					
Difficulties in maintaining Concentration, Persistence, and/or Pace					
Repeated episodes of decompensation in work or work like settings, each of an extended duration					

Physical Capacities	Less than 2 hours	At least 2 hours	About 6 hours
Sit			
Stand			
Walk			

**Check the heaviest weight the patient can lift/carry:**

Less than 10 lbs    10 lbs    20 lbs    25 lbs    50 lbs    100 lbs    more than 100 lbs

**Check the weight the patient can lift/carry frequently:**

10 lbs    25 lbs    50 lbs    more than 50 lbs

**Evaluation:** Based upon your evaluation, has your patient's medical condition lasted, or can it be expected to last, at least 12 months? **Yes**  **No**

Is the patient's medical condition expected to result in death? **Yes**  **No**

Does the patient's medical condition prevent him/her from working? **Yes**  **No**

If yes, please give the duration: Day \_\_\_ Month \_\_\_ Year \_\_\_ to Day \_\_\_ Month \_\_\_ Year \_\_\_

**Remarks:** (Please provide any additional information clarifying how the patient's condition limits his or her ability to work. If possible, include a description of any restrictions in Activities of Daily Living, and/or Social Functioning, and/or Concentration, Persistence, and/or Pace due to the patient's condition):

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**Please attach records or other additional medical or mental health evidence.**

**Signature of Medical Provider**

**Printed Name of Medical Provider**

**Date**

## **\*Applying for Disability Benefits\***

### **To apply for SSI and SSDI**

1. Call Social Security at **1-800-772-1213** to schedule an appointment to apply for **SSI and SSDI**.



2. Look over the Disability Starter Kit that is attached to this packet and fill out as much information as possible on the **Medical and Job Worksheet**. Also, collect information listed on the **Adult Disability Interview Checklist**.



### **At the Social Security Appointment:**

3. If completed, bring the Medical and Job Worksheet to the appointment. A Social Security claims representative will complete an interview and gather all necessary information.



4. Obtain a receipt from Social Security for SSI.

## To apply for IDA (Interim Disability Assistance)

IDA is a program for eligible recipients who are waiting on a decision for SSI. It can provide you with \$270 per month while an SSI decision is still pending. There is often a wait list.

1. Have your doctor and/or psychiatrist complete the **Medical Evaluation Report** that is attached to this packet.



2. Take SSI receipt and copy of the Medical Evaluation Report to **609 H Street NE** to apply for IDA (Interim Disability Assistance).

\*\*\*If you have Medical Evaluation Report completed before your appointment with Social Security, make a copy and give it to the Social Security claims representative. \*\*\*

# What You Should Know Before You Apply for Social Security Disability Benefits



We sent you this disability starter kit because you requested an appointment to file for disability benefits. The enclosed letter has the date, time, and location of your appointment.

The following are answers to questions most people ask about when applying for disability benefits. Knowing the answers to these questions will help you understand the process.

## ★ What can I expect during the appointment?

A Social Security representative will interview you and complete an application for disability benefits and an Adult Disability Report. The interview will take place either in your local Social Security office or by telephone. It will take at least 1 hour.

## ★ What can I do to speed up the process?

You can cut your interview time in half by starting the process online. You can complete online, BOTH the **application for benefits** and the **disability report** by going to:

*[www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability)*.

You still need to **keep your scheduled appointment** with the local Social Security office, so a representative can review your information.

If you cannot do business with us online, you can complete the enclosed Medical and Job Worksheet and have it ready for your appointment.

You can also speed things up by bringing to your office appointment the information listed on the enclosed checklist. If you have an appointment by telephone, the representative may ask you to provide any required checklist items.

## ★ How does Social Security decide if I am disabled?

By law, Social Security has a very strict definition of disability. To be found disabled:

- You must be unable to do any substantial work because of your medical condition(s);  
**and**
- Your medical condition(s) must have lasted, or be expected to last, at least 1 year, or be expected to result in your death.

## ★ My doctor says I am disabled. Is that enough to qualify me for disability benefits?

No. You cannot get disability benefits solely because your doctor says you are disabled.

(over)

# What You Should Know Before You Apply for Social Security Disability Benefits

## ★ I am getting disability payments from my job or another agency. Can I automatically get Social Security disability benefits?

No. Social Security disability laws are different from most other programs. For example, Social Security does not pay benefits for partial disability.

## ★ How long does it take to make a decision?

Generally, it takes about 3 to 5 months to get a decision. However, the exact time depends on how long it takes to get your medical records and any other evidence needed to make a decision.

## ★ How does Social Security make the decision?

We send your application to a state agency that makes disability decisions. The state has medical and vocational experts who will contact your doctors and other places where you received treatment to get your medical records.

The state agency may send you forms to complete or ask you to have an examination or medical test. If the state does request an examination, **make sure you keep the appointment.** You will not have to pay for any examination or test you are sent for, by the state agency.

## ★ If Social Security decides that I am disabled, what types of benefits can I receive?

Social Security pays disability benefits under two programs:

- Social Security Disability Insurance (SSDI) for insured workers, their disabled surviving spouses, and children (disabled before age 22) of disabled, retired, or deceased workers.
- Supplemental Security Income (SSI) for people with little or no income and resources.

## ★ Will my personal information be kept safe?

Yes. Social Security protects the privacy of each individual we serve. As a Federal agency, we are required by the Privacy Act of 1974 (5 U.S.C. 522a) to protect the information we get from you.

## ★ What if I am more comfortable speaking in a language other than English?

You are encouraged to bring a friend or relative to translate for you. We provide free interpreter services to help you conduct your Social Security business. However, we need advanced notice to make arrangements with the translator.

## ★ Where can I get more information?

You can visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov), ask the interviewer during your appointment, or call us toll-free at **1-800-772-1213** (for the deaf or hard of hearing, call TTY 1-800-325-0778).



# Checklist – Adult Disability Interview

We encourage you to begin the application process online.

Visit [www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability) to get started!

Use this **Checklist** to get ready for your appointment or when filing online. We need your personal and income information to complete the interview to determine if you are eligible for disability benefits. Keep your appointment even if you do not have all of the information. We will help you get any missing information.

**Check off the applicable items below as you get them together for your interview.**

- Medical records already in your possession.** (We will help you get the rest of your medical records. Please bring whatever medical records you have to the interview).
- Workers' compensation information, including the settlement agreement, date of injury, claim number, and proof of other disability awarded payment amounts.
- Names and dates of birth of your minor children and your spouse.
- Dates of marriages and divorces.
- Checking or savings account number, including the bank's 9-digit routing number, if you want Direct Deposit for your benefit checks.
- Name, address, and phone number of a person we can contact if we are unable to get in touch with you.
- If a medical release Form SSA-827 (Authorization to Disclose Information to the Social Security Administration) was included with this package, please **complete** (sign and date with witness signature) **and** return it as directed.
- If unable to file online, **complete** the "Medical and Job Worksheet – Adult" and **bring** to your interview.

Bring the Checklist items and information to your appointment or have them with you if your appointment is by telephone.

**Do not delay filing your application, even if you do not have all of the information.**



### E. Medicines

Please list any medicines you take and why you take them. If prescribed, please provide the doctor's name.

NAME OF MEDICINE	WHY YOU TAKE IT	PRESCRIBED BY

### F. Medical Tests

Please list any medical tests you had or are going to have in the future.

NAME OF TEST	PROVIDER WHO SENT YOU	DATE(S)

### G. Job History

List the jobs (up to 5) that you have had in the 15 years before you became unable to work because of your physical or mental conditions. List your most recent job first.

JOB TITLE <i>(e.g., cook)</i>	TYPE OF BUSINESS <i>(e.g., restaurant)</i>	DATES WORKED		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY	
		FROM Mo/Yr	TO Mo/Yr			Amount	Frequency

Bring this worksheet to your appointment or have it with you if your appointment is by telephone. Do not delay filing your application, even if you do not have all of the information. We will help you get any missing information.