

Key Strategies for Connecting People Experiencing Homelessness to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Benefits



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Contributing Authors

A U.S. Interagency Council on Homelessness (USICH) Federal work group, established in 2013, was created to analyze SSI/SSDI access among adults experiencing homelessness and provide guidance to the field on key strategies for linking eligible adults to benefits. Below are the Federal agencies that contributed to the analysis and compilation of strategies included in this document.

Social Security Administration (SSA)
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Interagency Council on Homelessness (USICH)
U.S. Department of Veterans Affairs (VA)

Summary

Introduction

The introduction describes the purpose of this document, summarizes the content and strategies included, and briefly describes the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) application process.

Key Strategies for Assisting People Experiencing Homelessness with the SSI/SSDI Application Process

This chapter reviews the ways service providers and other agencies help people experiencing homelessness apply for and receive SSI/SSDI benefits.

Key Strategies for Coordination with SSA Field Offices, Community Organizations, and other Federal Agencies

This chapter provides strategies service providers can use to coordinate with local SSA field offices, disability determination services (DDS), health care providers, other local organizations and Federal agencies, and SSI/SSDI claimants.

Key Strategies for Coordination with other Benefits and Entitlements

This chapter provides information on coordinating SSI/SSDI with other benefits and entitlement programs, including U.S. Department of Veterans Affairs (VA) benefits, Supplemental Nutrition Assistance Program (SNAP), and Medicaid.

Key Strategies for Working with Veterans and other Special Populations

Some Veterans are eligible for disability benefits through both VA and SSA, as well as for other services and support from VA. This chapter also discusses streamlined application processes for some Veterans as well as strategies for linking individuals representing other special populations to SSI/SSDI, including people re-entering the community from jail or prison and youth transitioning out of the foster care system.

Key Strategies for Assisting SSI/SSDI Beneficiaries Post-Entitlement

This chapter provides an overview of how service providers can assist SSI/SSDI beneficiaries experiencing homelessness with reporting responsibilities and link them to various employment supports.

Appendices

This section contains supplementary information.

Definitions

This section defines terms used throughout the document.

Introduction: A Guide to Using the Key Strategies

Key Strategies for Connecting People Experiencing Homelessness to SSI/SSDI Benefits outlines strategies shown to help people experiencing homelessness apply for and receive SSI/SSDI benefits.

It brings together the work and expertise of the Social Security Administration (SSA), which administers the SSI and SSDI programs; the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), which funds the SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center; the U.S. Department of Veterans Affairs (VA); and the U.S. Interagency Council on Homelessness (USICH).

The **key strategies** are organized in five categories:

- Assisting People Experiencing Homelessness with the SSI/SSDI Application Process
- Coordination with SSA Field Offices, Community Organizations, and other Federal Agencies
- Coordination with Other Benefits and Entitlements
- Working with Veterans and Other Special Populations
- Assisting SSI/SSDI Beneficiaries Post-Entitlement

This document is intended to improve practices and collaboration among SSA field offices, VA Medical Center staff, organizations and agencies that provide services to people experiencing homelessness, and other community-based partners. The strategies in this document focus primarily on assisting individuals with the initial disability application and medical determination process. Organizations and agencies that can help people experiencing homelessness access SSI/SSDI benefits include all organizations that provide homeless services, including providers of health care, behavioral health, and social services, as well as faith and community-based organizations and partners. For simplicity, we refer to all of these types of people and organizations as “service providers” or “service provider organizations” in this document.

The Importance of SSI/SSDI for People Experiencing Homelessness

SSA's mission is to "deliver Social Security services that meet the changing needs of the public." SSA delivers these services through a nationwide network of over 1,400 offices that include regional offices, field offices, card centers, teleservice centers, processing centers, hearing offices, the Appeals Council, and the disability determination services (DDS), which are state and territorial partners. SSA has developed a robust suite of online service delivery options to provide the public 24-hour access to many services. SSA provides guidance to the public on how the Federal benefits programs it administers work, and looks for innovative ways to make the disability determination process more efficient to better serve those in need. SSA also establishes policies to better serve vulnerable Americans, such as individuals with disabilities who experience homelessness.

SSA administers two Federal disability programs – SSI and SSDI. SSA's primary role in helping individuals experiencing homelessness is to provide those who meet the requirements for SSI or SSDI benefits with income stability. These benefits are the primary source of income for many people experiencing homelessness and disability and can be used to pay for housing, essential household needs, and medical care or supplies. SSI/SSDI benefits, in concert with other programs, can help individuals experiencing homelessness transition into stable and permanent housing.

To qualify for SSI/SSDI benefits based on disability, an individual must meet the definition of disability in the Social Security Act. The law defines disability as "the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

There are some differences between the SSI and SSDI programs (Figure 1).

To qualify for SSDI benefits, individuals with disabilities must have worked long enough and recently enough to have "insured status" under the Social Security program or qualify as an SSDI beneficiary through his or her parents or spouse. Disabled widows or widowers age 50 or older may qualify for benefits based on their deceased spouses' earnings. In addition, an adult found to have become disabled before age 22 may qualify for benefits if his or her qualifying parent is deceased, disabled, or receiving SSA retirement benefits.

The SSI program provides cash payments to low-income individuals who are disabled, blind, or age 65 or older. To qualify for SSI benefits, a claimant must meet income and resource guidelines to establish that he or she has little to no income and minimal resources, and must be aged, blind, or disabled, as defined by the Social Security Act. People can be eligible for both SSI and SSDI benefits if their SSDI benefit is equal to or lower than the full SSI Federal Benefit Rate (FBR) plus \$20.¹

The SSI and SSDI programs can also help reconnect individuals with disabilities to the workforce through a number of work incentives and services.² Moreover, the SSI and SSDI programs may be one way for

¹ Effective January 1, 2015, the Federal benefit rate is \$733 for an individual and \$1,110 for a couple.

² SSA Publication No. 64-030, (2015 Red Book) is a general reference source about the employment-related provisions of Social Security Disability Insurance and the Supplemental Security Income Programs for educators, advocates, rehabilitation professionals, and counselors who serve people with disabilities. <http://www.socialsecurity.gov/redbook/>.

people to obtain health care coverage. In many states, eligibility for SSI translates to eligibility for Medicaid. This is particularly important for people who live in states that have not expanded and simplified Medicaid eligibility for adults (based on income), as authorized by the Affordable Care Act. Claimants that are eligible for SSDI benefits are also eligible for Medicare after a 24-month waiting period that begins with their month of eligibility. This is explained in greater detail in the section *Key Strategies for Coordination with other Benefits and Entitlements*.

Figure 1. Comparison between the SSI and SSDI Programs

SSI Program	SSDI Program
Must meet the definition of disabled or blind, or be age 65 or older	Must meet the definition of disabled or blind
Not based on any requirement of insured status	Based on insured status of the individual or another qualified person
Income and resource limits	No unearned income or resource limits
Monthly benefit amount based on the FBR	Benefit amount based on Federal Insurance Contributions Act (FICA) earnings during work history
No work history requirement	Work history generally required
Living arrangements may affect eligibility and benefit amount	Living arrangements have no effect on eligibility or benefit amount
Medicaid eligibility in most states	May be eligible for Medicaid
Not eligible for Medicare, unless also entitled to SSDI or age 65 or older	Eligible for Medicare 24 months after entitlement to SSDI benefits

Overview of the Application Process

SSI and SSDI applications can be filed:

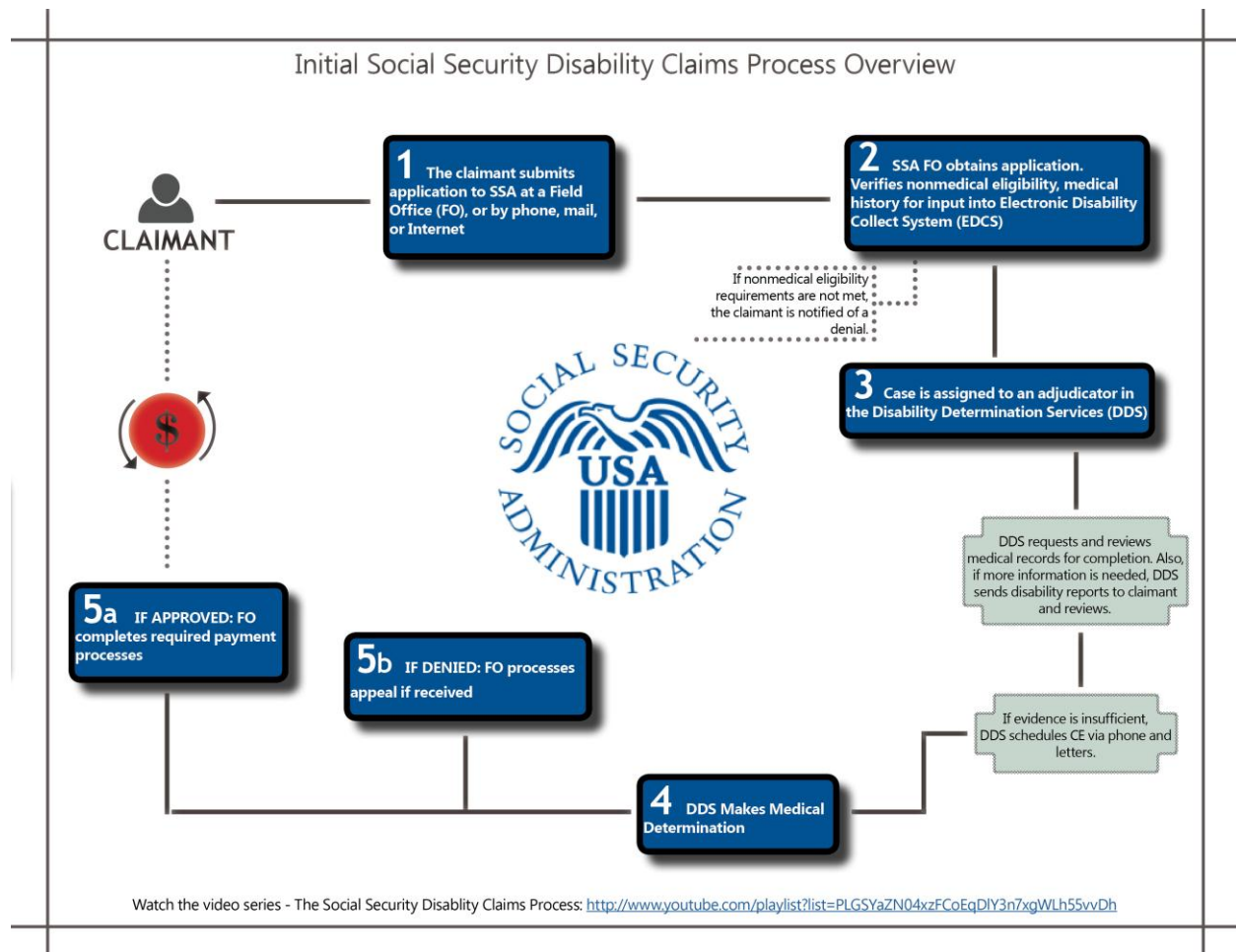
- In-person at a local Social Security field office
- By mail
- Online (SSDI only)
- By calling the SSA toll-free number, 800-772-1213, to schedule an appointment

Note: If a claimant schedules an appointment using the toll-free number, the claimant usually is given an appointment for a telephone interview. However, the claimant may request a personal appointment at a field office. If the claimant files online, a claims representative will contact the claimant if more information or documentation is needed.

Once the field office receives an application and determines the claimant meets income and resource rules (for SSI claims), insured status (for SSDI claims), and other non-medical eligibility requirements, the state’s DDS reviews the application. The DDS is a federally-funded state agency that, under an agreement with SSA, makes medical determinations about whether a claimant is disabled under the law. The DDS in each state is located administratively within a larger state department or agency, such as the state’s Department of Labor or Department of Social Services. The DDS may request medical evidence from the claimant’s medical sources and additional information from the claimant. If the medical evidence received is inadequate to determine disability, the DDS may arrange for SSA to purchase a consultative examination (CE) to obtain the necessary evidence. Claimants and service providers who assist them should respond to mail from the DDS with the same urgency as they respond to mail from SSA. This ensures that the DDS determination process is completed in a timely manner.

Figure 2 provides an overview of the initial claims process for SSI and SSDI benefits.

Figure 2: Overview of the Initial SSA Disability Claims Process



There are four levels of appeal if the DDS makes an initial determination that the claimant is not disabled – reconsideration, hearing by an administrative law judge (ALJ), review by the Appeals Council (AC), and Federal court review. The claimant may first request a reconsideration, in which a different team of DDS examiners will reexamine all of the evidence in the file used to make the initial determination, along with any new evidence. If the DDS denies the claim at the reconsideration level, the claimant may request a hearing before an ALJ. Some states omit reconsideration and use a hearing by an ALJ as their first level of appeal. If the ALJ denies the claim, the claimant may ask for a review by SSA’s AC. If the AC declines to review the case or the claimant disagrees with the AC’s decision, the claimant may file a civil lawsuit in a federal court.

For more information, see SSA Publication No. 05-10041, *The Appeals Process*, at <http://www.ssa.gov/pubs/EN-05-10041.pdf> and a seven-part video on the Social Security Disability Claims Process at <https://www.youtube.com/playlist?list=PLGSYaZN04xzFCoEqDIY3n7xgWlh55vvDh>.

Key Strategies for Assisting People Experiencing Homelessness with the SSI/SSDI Application Process

People with disabilities who experience homelessness frequently have challenges navigating the disability application process. They often lack required forms of identification and documentation. Due to their limited access of ongoing health care services, people experiencing homelessness often do not have current or quality medical records that document their disabilities. The inability to document a disability can be a major barrier to receiving the SSI or SSDI benefits to which individuals are otherwise entitled. Individuals experiencing homelessness may not have a way to receive correspondence by mail, have limited experience working with computers, or have limited access to internet connections to take advantage of electronic processes. Because of these challenges, many people experiencing homelessness often do not complete the SSI/SSDI application process, experience longer application and processing times, or have their applications denied due to lack of information.

Organizations serving people experiencing homelessness have the opportunity to play a key role linking eligible adults to SSI/SSDI benefits. This section provides an overview of the strategies that service providers can use to increase access to benefits among people experiencing homelessness, including strategies to prepare for the SSI/SSDI application process, to submit complete and accurate applications, and to make use of SSA’s online services.

➤ **Strategy: Become a Contact Person, Appointed Representative, or Representative Payee**

Description: Service providers can play a key role in helping people experiencing homelessness successfully navigate the application process by gathering the necessary medical evidence for the disability determination and by serving as a link between SSA and claimants experiencing homelessness.

Why this is important: Many people experiencing homelessness lack a mailing address and have limited or no ability to receive mail, or they may not have the necessary skills to understand notices they receive from the field office or the DDS. For these reasons, they may not be able to respond to written communications during the application process. Often, the claims representative and the DDS claim examiner or adjudicator will need to call the claimant for information or to follow up on a mailed request. Unfortunately, people experiencing homelessness often lack consistent access to a phone number, making regular contact with the field office and the DDS challenging.

Figure 3: Service Provider/ Organization Roles

Contact Person	As a contact person, the representative of the service provider organization serves as a liaison between the field office or the DDS and the claimant. The claimant should identify a contact person in his or her disability application and submit a signed Consent for Release of Information form (SSA-3288).
Appointed Representative	An appointed representative agrees to a more formal liaison role and is authorized to receive information from SSA and DDS and to take action on a claimant’s behalf. A prospective appointed representative, with the claimant’s permission, must file an application with SSA, using Form SSA-1696, Appointment of Representative. Claimants do not have to

	<p>appoint a representative when they file their initial application; one can be appointed at any time during the process. When a representative of the service provider organization becomes an appointed representative, the exchange of information between the field office, the DDS, the service provider organization, and the claimant flows more smoothly and completely.</p> <p>For more information, see <i>Appointed Representative Services</i> at http://www.socialsecurity.gov/ar/ and Appointment of Representative - Form SSA-1696 at http://www.socialsecurity.gov/forms/ssa-1696.html.</p>
<p>Representative Payee</p>	<p>A representative payee agrees to accept and manage a recipient’s benefits if SSA finds that the claimant is not capable of doing this on his or her own. A designated individual within the service provider organization, the organization itself, or another organization or individual, such as a family member or friend, may become a representative payee. A service provider may be able to help the claimant identify a trusted and reliable family member or friend who is interested in becoming a representative payee, or another organization, if the service provider organization is unable to play this role or if this is the claimant’s choice. While it is helpful to establish this relationship as the application is being processed, it does not need to be in place at the time of application. SSA requires people interested in becoming representative payees to complete an application using Form SSA-11 (Request to be Selected as Payee) and meet for a face-to-face interview at an SSA office (with certain exceptions). Prospective representative payees need to provide their Social Security number or, if representing an organization, the organization's employer identification number.</p> <p>For more information, see <i>When People Need Help Managing Their Money</i> at http://www.socialsecurity.gov/payee.</p>

➤ **Strategy: Help Claimant Create a *my Social Security* Account**

Description: The Social Security Administration expanded its online services available and encourages individuals to sign up for a *my Social Security* account. This account provides information and services for current beneficiaries and for individuals who have not yet received Social Security benefits. Beneficiaries with a *my Social Security* account can access personal Social Security information and view and print their benefit verification letter. This letter, also known as a budget letter, proof-of-income letter, or proof-of-award letter, is an official letter from SSA that can be used as proof of:

- Income when a person applies for a loan or mortgage;
- Income for assisted housing or other state or local benefits;
- Current Medicare health insurance coverage;

- Retirement status;
- Disability; and
- Benefit amount.

Claimants can select the information that they want included in, or left out of, an online benefit verification letter.

Why this is important: A claimant can obtain a benefit verification letter online stating that SSI, SSDI, or Medicare benefits have never been received. If a claimant has applied for benefits but has not received a decision, the benefit verification letter will show that the claim is pending. If a beneficiary needs proof of his or her SSI/SSDI benefits, the beneficiary can instantly access the benefit verification letter, payment history, and earnings record online through a *my Social Security* account.

For more information visit *my Social Security* at <http://www.socialsecurity.gov/myaccount/>; see *The Fastest Way To Verify Social Security and Supplemental Security Income Benefits* at <http://www.socialsecurity.gov/pubs/EN-05-10552.pdf>, and *How to Create An Online Account* at <http://www.socialsecurity.gov/pubs/EN-05-10540.pdf>.

➤ **Strategy: Participate in SOAR Training**

Description: SAMHSA’s SOAR Technical Assistance (TA) Center created a comprehensive training curriculum for direct service providers: *Stepping Stones to Recovery: A Training Curriculum for Case Managers Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Income Applications*. SOAR training is available for service providers in every state in-person or through a free online training course. The in-person, two-day training is delivered by local SOAR trainers who have attended a SAMHSA-sponsored Train-the-Trainer program.

The online SOAR training is a free, interactive, self-guided course. The online course consists of seven classes, each of which has a series of articles, short quizzes, and a practice case. The practice case provides an opportunity for service providers to apply what they have learned by completing an SSI/SSDI application packet for a fictitious claimant using SOAR techniques. Video interviews, medical records, and progress notes provide the information needed to complete SSA forms and write a medical summary report (MSR) for the fictional claimant. The complete application packet is submitted to the SOAR TA Center for review. Upon approval, the participant receives a certificate of completion and 16 Continuing Education Units from the National Association of Social Workers.

The SOAR training provides detailed information on the key strategies referenced in this guide and much more. For SOAR-trained service providers to be most successful, close collaborations with SOAR state and local leads are important. SOAR State Team Leads work in coordination with local SSA field offices to establish preferred methods for communications. State Team Leads, local leads and SOAR trainers provide or link local organizations to the SOAR training curriculum. In addition, many states and communities have local SSA field offices that provide targeted training directly to service provider organizations on completing the paper SSI application on an outreach basis, completing the online disability application, or using SSA’s Electronic Records Express (ERE).

Why this is important: SOAR training equips local service providers to help claimants complete SSI/SSDI applications and helps local service providers more efficiently link eligible people

experiencing homelessness to benefits. SOAR-trained service providers are more effective in their work; the training often helps to reduce frustration during the application process. Trained service providers are most efficient in delivering the services and support that individuals experiencing homelessness require.

For more information: To find out who your SOAR State Team Lead is and to learn more about the SOAR model, or to enroll in the SOAR online training, visit <http://soarworks.prainc.com> or email soar@prainc.com.

➤ **Strategy: Help Claimants Get Identification Documents**

Description: SSI and SSDI applications may require a birth certificate and Social Security card. Since some claimants may not have these documents readily available, service providers should check with SSA, as SSA may already have the necessary documentation. Service providers can help claimants get identification documents they may need. Some homeless assistance programs or other service providers may be able to pay the fees associated with getting identification documents, and some states waive the cost of getting an identification card for people who are homeless. Since identification documents can easily get lost when people are experiencing homelessness, it is a good idea for the service provider to make copies of these documents to keep for the claimant.

Note: There are additional requirements for foreign-born claimants. The service provider may assist the homeless applicant obtain necessary documentation from the Department of Homeland Security.

Why this is important: Many people who experience homelessness do not have formal identification documents because they have been lost or stolen. They may not have the funds to pay for replacement documents. This lack of identifying documents and the inability to pay for replacements can be a significant barrier to accessing benefits, getting work, or qualifying for housing assistance programs. Service providers can help people locate records and obtain identification documents required by SSA. Note: There is no cost to obtaining a replacement Social Security card.

For more information, see *Apply Online For Disability Benefits* at <http://www.socialsecurity.gov/disabilityssi/apply.html> and *Understanding Supplemental Security Income Documents You May Need When You Apply -- 2014 Edition* at <http://www.ssa.gov/ssi/text-documents-ussi.htm>.

➤ **Strategy: Contact SSA to Set a Protective Filing Date**

Description: The protective filing date is the date of initial contact with SSA (online, by phone, in person, or in writing) in which the claimant indicates an intent to file for disability benefits. It is the date from which eligibility for benefit payments is determined. The service provider can work with the eligible claimant to contact SSA to establish the protective filing date. Note: After initial contact, the claimant has a set amount of time to file the application and use the protective filing date.

Why this is important: SSA recognizes this date as the official date when an application was filed (provided the completed application is received within a protective filing period), even if the complete application was received on a later date. The protective filing date is the earliest possible

date the claimant can be eligible for SSI benefits and, in certain circumstances, may also influence the start of SSDI payments.

➤ **Strategy: File a SSDI Online Application**

Description: SSA can receive applications for SSDI benefits online; however, SSI applications are not yet available online. Claimants can go to www.socialsecurity.gov and select “Apply Online for Disability” to fill out an online application. Once the online application process is finished, SSA will contact the claimant for additional information needed for the SSDI application.

Why this is important: Electronic applications may be a preferred option for people experiencing homelessness (or for service providers) with access to the internet. Electronic applications have the advantage of not requiring an appointment, reducing the number of visits to a field office, and allowing individuals to save their applications for completion at a later date.

For more information, see www.ssa.gov, *Disability Benefits* at <http://ssa.gov/pgm/disability.htm> and SSA Publication No. 05-10550, *Apply Online For Disability Benefits* at <http://www.socialsecurity.gov/pubs/EN-05-10550.pdf>.

More information about how to assist persons experiencing homelessness with the process of completing an application, can be found in the SOAR online training.

Watch *Completing the Application Packet*: <http://soarworks.prainc.com/class/completing-application-packet>

➤ **Strategy: Claimants and Service Providers Assisting Claimants Should Declare a Homeless Status Before the Application Process Begins**

Description: SSA field offices add an electronic “flag” to the disability claims folder to identify a claimant as a person experiencing homelessness. This notification can be made when the claimant or service provider schedules an appointment, when the field office takes an application, or if filing online for SSDI, in the remarks section in the online application. This flag alerts the field office and the DDS to special case processing and development requirements. The field office obtains additional information before sending the case to the DDS, since recontact with the claimant later in the application process might be difficult. This includes:

- Additional contact information, including a contact to serve as a third party;
- Information about the claimant’s ability to function and to perform activities of daily living; and
- Detailed information about the claimant’s past work.

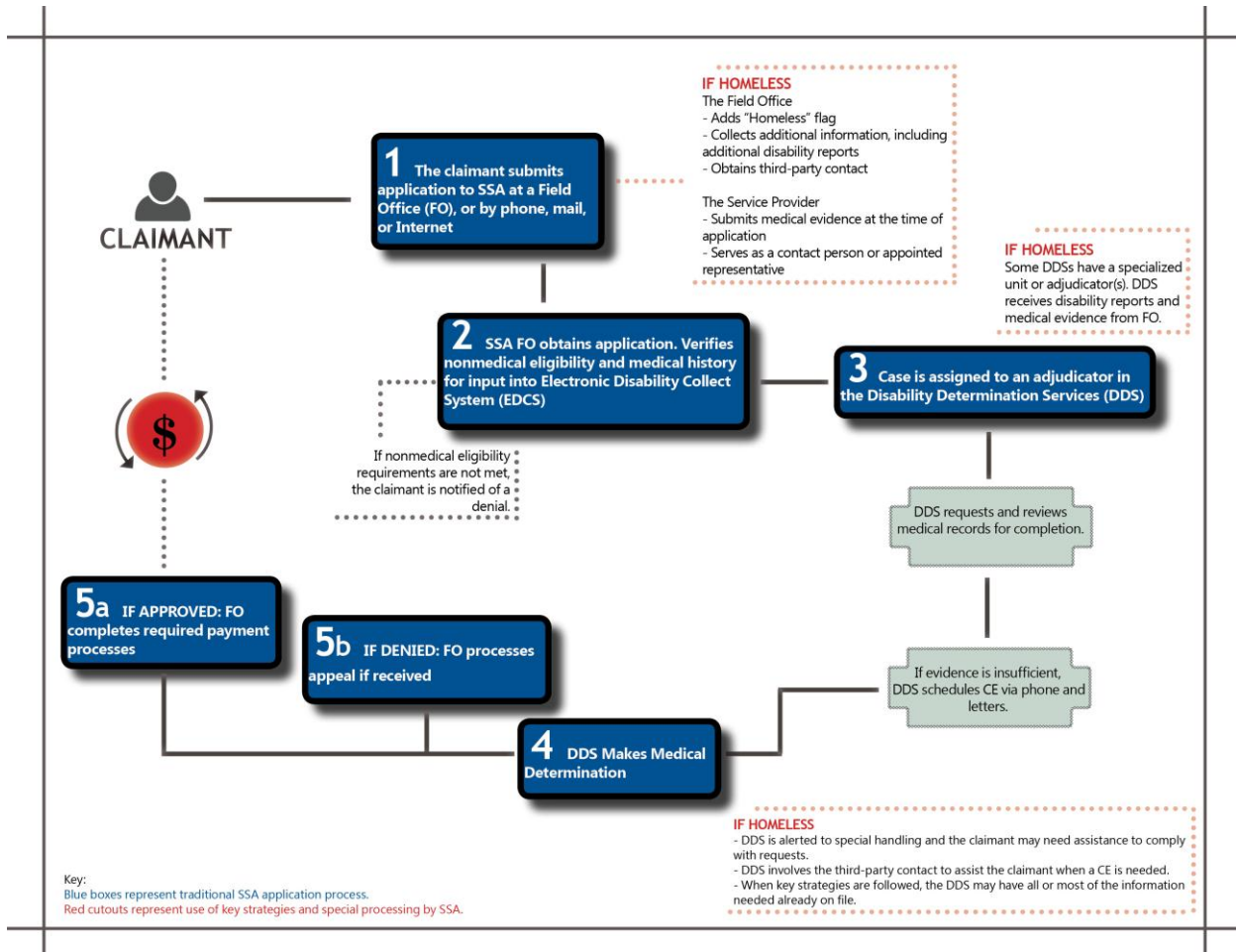
SSA and DDS offices designate staff members as homeless liaisons. These liaisons work alongside service providers with claimants flagged as homeless to gather evidence that will support the application and disability determination process. You may contact your local field office to speak with a designated homeless liaison, or you may contact existing SSA outreach staff such as the Area Work Incentive Coordinator (AWIC) for the claimant’s servicing area.

Why this is important: When SSA is aware that a claimant is experiencing homelessness, the agency can implement special procedures designed to expedite the claims process in the field office and the DDS. People experiencing homelessness may not always feel safe or comfortable disclosing their housing status. Service providers can play a role in ensuring that the field office and the DDS are aware of the housing status of vulnerable claimants.

For more information, see SSA's internal guidance POMS DI 11005.004, on *Identifying and Flagging Homeless Cases* at <https://secure.ssa.gov/poms.nsf/lnx/0411005004>.

Figure 4 on the next page provides an overview of the application process and highlights some of the steps that will be taken if the SSA field office has information that identifies the claimant as a person who is homeless.

Figure 4: Overview of Initial Application Process for Individuals Experiencing Homelessness



➤ **Strategy: Collect Medical Evidence Needed To Determine a Claimant’s Medical Eligibility**

Description: The following information is needed for the disability determination:

- Names and addresses of doctors and medical treatment facilities;
- Dates of treatment and any other information that may relate to the disability;
- Any sources of medical evidence supporting the disability;
- Information relating to education, work experience, and daily activities, both before and after the onset of disability; and
- Any other pertinent facts showing the effects of the impairment on the ability to perform a work-related function.

Providing accurate doctors’ and facilities’ names and appointment dates will expedite processing. **Service providers can also help the DDS obtain medical evidence to document a claimant's medical condition and a disability.**

Medical evidence often comes in three forms: (1) a treatment record from a hospital, doctor's office, or other clinical provider; (2) a formal report written and signed by a doctor or other acceptable medical source; and (3) information from a CE scheduled by the DDS.

Medical records from hospitals and clinics, including admission and discharge summaries, may be particularly helpful for establishing eligibility. Progress or contact notes from outpatient providers also can be helpful because these tend to track the course of impairments more specifically over time and are more likely to include important information regarding the claimant's functional capacity.

- **Required evidence:** The DDS will request all medical evidence for at least the 12 months prior to the filing date, the date last insured (for SSDI cases), the prescribed period ending date (disabled widow(er) benefits cases), attainment of age 22 (childhood SSDI cases), or the alleged onset date (if the disability began less than 12 months before the filing date).

Service providers may consult SSA's Listings of Impairments to identify the required level of severity and documentation needed for each of the claimant's illnesses or conditions prior to gathering records, including both clinical and laboratory findings that address the following areas:

- Medically determinable impairment(s);
- Duration of disability; and
- Functional information.

For more information, see *Information on Form SSA-827* at

http://www.ssa.gov/disability/professionals/ssa827_informationpage.htm, *Listing of Impairments - Adult Listings (Part A)* at <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>, and *Evidentiary Requirements* at <http://www.ssa.gov/disability/professionals/bluebook/evidentiary.htm>.

- **Continue to gather medical records:** When a service provider learns of an additional medical record or treatment source, he or she should inform the DDS, even if the record is not one that the provider can obtain readily.

Why this is important: The DDS, with the claimant's permission, will help the claimant get medical reports from medical sources. It takes time for the DDS to request and receive medical evidence. Service providers may be able to accelerate the processing of the claim by gathering medical evidence and submitting it to the SSA field office during the application process. The service provider can also help the claimant identify additional treatment sources that he or she may have forgotten. By providing medical evidence that supports the application for SSI/SSDI, service providers can help improve processing times and increase the SSI/SSDI allowance rates among eligible people experiencing homelessness. Providing medical evidence could also reduce or eliminate the need for the DDS to obtain additional medical evidence (e.g., a CE).

➤ **Strategy: Write a Medical Summary Report (MSR)**

Description: A MSR is a letter written by the service provider and submitted as part of the application packet. The MSR, which is an integral part of the SOAR process, consists of the documentation received, a narrative account of the claimant's personal treatment history that could

include quotes from the claimant, and the service provider's observations and assessments of the claimant's ability to function. Figure 5 depicts the contents of the MSR. It is important to note that the MSR does not replace the required medical evidence and it is not required by SSA.

The MSR may be key, however, to a successful application. It provides a succinct, comprehensive summary of the claimant's impairments, treatment history, and the impact of the impairments on his or her life. It also clearly describes the impairment-related factors affecting functioning and ability to work. In some states or specific field offices, SSA and DDS have agreed that the MSR can take the place of Form SSA-3373: Function Report. As part of the SOAR process, even if the SSA-3373 is required, the MSR is included as part of the application packet as additional evidence to support the claim.

To access Form SSA-3373: Function Report, visit <http://www.socialsecurity.gov/forms/ssa-3373-bk.pdf>.

- **Addressing Functional Areas that the DDS Considers:** For claimants with mental impairments, the service provider should include evidence in the MSR that supports the claimant's impairment-related inability to work with respect to the four functional areas considered by the DDS when determining eligibility. Service providers should gather specific information about functioning, including the last time activities have been performed and how well they were completed. Although the MSR is primarily used by SOAR for those persons experiencing homelessness who have a mental impairment, it may also be useful for documenting other impairments. Moreover, the SOAR training emphasizes the need to document all contributing causes of disability in the MSR given the high rates of co-occurring disorders among people experiencing homelessness. The four functional areas considered for mental impairments are:
 - 1) **Activities of Daily Living (ADL):** These include activities such as cooking, cleaning, using public transportation, budgeting, taking care of one's hygiene, and maintaining a residence.
 - 2) **Social Functioning:** This area regards an individual's ability to communicate clearly and to interact with other people. A service provider might gather information about this area by simply observing how an individual interacts with people in settings such as soup kitchens and stores. If a person is extremely fearful and isolates him- or herself, success at work is unlikely. This also is true for an individual who is consistently aggressive or threatening. If a person has a serious mental illness or cognitive impairments, communication may be confusing or unclear.
 - 3) **Concentration, Persistence, or Pace:** This area is concerned with certain cognitive functions required for work to be done successfully. For a service provider to document this function for the disability examiner, he or she needs to elicit information about concentration, attention, distractibility, memory, and ability to follow directions. A service provider should ask about an individual's ability to remember and keep appointments and to complete necessary applications; and the service provider should observe whether a person can do these things consistently. Also, the service provider can note whether a person can stay on one topic in conversation. Finding out about the individual's literacy level is important as well.

4) **Repeated episodes of decompensation:** The SSA regulations define this area of functioning as “exacerbations or temporary increases in symptoms or signs accompanied by a loss of adaptive functioning, as manifested by difficulties in performing activities of daily living, maintaining social relationships, or maintaining concentration, persistence, or pace.” The claimant would likely meet this criteria if he or she is having trouble maintaining functioning on an ongoing basis, has had repeated hospitalizations, and if necessary medical evidence indicates the duration of episodes of decompensation.

- **Co-Signed by a Physician or Psychologist:** Service providers should ensure that the MSR is co-signed by a physician or psychologist who has seen the individual. This may require previous engagement and communication with local health care providers to ensure a shared understanding of the MSR’s purpose.

Why this is important: Because the DDS does not see or often even speak to claimants, the SOAR MSR is intended to “paint a picture” of the claimant and his or her disability, addressing the functional areas that are of concern to the DDS in its determination of disability. For people experiencing homelessness who may have difficulty recalling or discussing the nature of their disabilities, the service provider can play a crucial role in providing the DDS with the information necessary to make accurate disability determinations. A sample MSR is included in Appendix A.

For more information, see *How to Prepare an MSR* at <http://soarworks.prainc.com/article/soar-key-component-medical-summary-report>.

For more information about disability evaluation under Social Security for mental impairments, see *12.00 Mental Disorders – Adult* at <http://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm>.

Figure 5: Medical Summary Report Outline

Section I: Introduction and Personal History

A. Physical Description

B. Personal History

- Current Living Situation
- Prior Living Situation
- Homelessness History
- Family Background
- Marital/Intimate Relationships
- Trauma/Victimization
- Education
- Legal History

Section II: Occupational History

A. Employment History

B. Military Service History

Section III: Physical Health

Section IV: Substance Use/Abuse

Section V: Psychiatric History and Treatment

Section VI: Functional Information

A. Daily Activities/Typical Day

B. Functional Area I —ADLs

C. Functional Area II — Social Functioning

D. Functional Area III — Concentration, Persistence, and Pace

E. Functional Area IV — Repeated Episodes of Decompensation

➤ **Strategy: Using Electronic Records Express (ERE)**

Description: ERE is an initiative by SSA and the DDSs to offer electronic options for submitting health and school records related to disability claims.

You can choose the method of sending the information that works best for you:

- Online through Social Security's secure website; or
- By fax with a cover sheet that has a bar code associated with the claimant.

The records you send are automatically associated with the claimant's unique disability claim folder.

Why this is important: Sending records electronically eliminates time in the mail and can, therefore, reduce the time to complete a disability determination.

For more information, see *Electronic Records Express* at <http://www.ssa.gov/ere/#a0=4>.

Key Strategies for Coordination with SSA Field Offices, Community Organizations, and other Federal Agencies

Ensuring that people experiencing homelessness are linked to SSI/SSDI benefits may involve coordination between disability claimants; SSA field offices; DDSs; SOAR state or local leads; other local organizations and health care providers including Continuums of Care (CoC); housing, homeless, and shelter providers; Veterans Affairs Medical Centers (VAMC); Federally Qualified Health Centers (FQHC); local hospitals and medical records department directors; prisons and jails; and other Federal agencies. Effective strategies not only build and utilize the expertise of the service provider organizations and staff, but also facilitate and strengthen system-wide communication and coordination. This section provides an overview of key strategies that can be deployed in achieving local coordination for linking people experiencing homelessness to SSA benefits.

➤ **Strategy: Establish Formal and Informal Relationships**

Description: SSA field offices and DDSs can establish formal and informal relationships with local service providers, other Federal agencies, and community organizations. These relationships may include providing joint training, participating in local strategic planning activities, or establishing a formal Memorandum of Understanding (MOU). Establishing a communication link between service providers and the individuals in local field offices and DDSs who process SSI/SSDI claims is key for quickly learning about and responding to their requests for additional information from the claimant.

The SOAR Process is one example of a formal relationship that connects service providers with SSA, the DDS, and other organizations and agencies. This process establishes a step-by-step procedure for application handling with the SSA field offices and the DDSs. It is a negotiated document promoting mutually agreed upon expectations about SSI/SSDI application workflow. The SOAR Process is a flexible document that allows for some customization for local preferences (e.g. hand delivery vs. electronic submission, methods of requesting SSA status, etc.). Despite some customization, every SOAR process contains the following key elements:

- Establishes communication with designated field office/DDS representatives.
- Describes the respective roles of the SOAR provider (service provider) and field office/DDS representatives. (The SOAR provider uses Form SSA-1696 to become the authorized point of contact for the field office/DDS, thus doing everything possible to ensure that all necessary information is available to the field office and the DDS.)
- Promotes electronic submission of all available SSA documents and medical records.
- Includes a quality assurance checklist with each SOAR-assisted application.
- Utilizes the SOAR Consent for Release of Information Form to check the status of potential claimants and set a protective filing date.
- Utilizes the 60-day protected window to compile complete applications, including all required forms, medical records, and MSRs, to reduce duplication of effort with the DDS and to reduce the need for CEs.

Why this is important: These formal and informal relationships can lead to improved documentation and enhanced communication, reducing the time required to make the disability determination and increasing the accuracy of determinations. These relationships are important because the SSA field offices and DDSs can assign specific staff who provide consistent advice and build relationships with service providers in their communities. In turn, the community-based service providers help reduce the increasing demands on the field office staff by ensuring submission of comprehensive applications at the initial level that address all requirements for accurate determinations. This reduces the need for costly appeals and repeat applications.

For more information, visit the SOAR website at <http://soarworks.prainc.com>.

➤ **Strategy: Participate in Local Strategic Planning Meetings**

Description: An important part of assisting people experiencing homelessness with the disability application is local strategic planning and the coordination that strategic planning encourages. Strategic planning meetings bring together key state and local stakeholders to collaborate and develop an action plan for implementing SOAR, or a similar approach to collaboration with the field office and the DDS in their community. Each participant in local strategic planning meetings will play a key role in the implementation process and will, therefore, need the authority to make any changes required to facilitate the application process.

Why this is important: Strategic planning meetings will help local service providers interested in assisting people experiencing homelessness with SSI/SSDI applications gain an understanding of how the disability application process currently works in their particular state and community. Together, the local SSA field office, DDS, SOAR state/local Team Lead, CoC, VAMCs, FQHCs, housing providers, homeless service providers and/or shelter providers, local hospitals, medical records department directors, and other community partners can agree upon a process for application submission and processing in each community. The roles and responsibilities of a local planning team, as well as an action plan for further steps, can be established.

For more information, visit the SOAR website at <http://soarworks.prainc.com>.

Key Strategies for Coordination with Other Benefits and Entitlements

People experiencing homelessness who are eligible for SSI/SSDI benefits may also be eligible for other benefits and entitlement programs, including, but not limited to, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid. In some instances, people first enroll in SSI/SSDI benefits before recognizing that they are eligible for other benefits. In other instances, they may enroll in another benefit or entitlement program before applying for disability benefits. In either instance, having to undergo multiple and separate application processes can be cumbersome and a deterrent to enrollment.

In many instances, eligibility and documentation requirements for disability benefit applications may be identical or similar to application requirements of other benefit programs, including some housing assistance programs. Service providers who are assisting with the SSI/SSDI application process may also be able to help people who are experiencing homelessness access other mainstream benefits (i.e., those that are not specifically targeted to people experiencing homelessness) for which they may be eligible.

Many communities are implementing coordinated entry systems designed to assess the needs of individuals and families who are experiencing homelessness and to connect them to the most appropriate services and housing assistance to help end their homelessness as quickly as possible. A coordinated entry system may offer an opportunity for identifying people who should be connected to SSI/SSDI and other mainstream benefits. Similarly, a coordinated entry system can make it easier for SSA and service providers who are assisting people with the SSI/SSDI application process connect with housing assistance and other services available to people who are experiencing homelessness.

SSA field office claim representatives are routinely trained to make referrals for other benefits and services that appear relevant from the interview, including:

- **Medicaid:** Prior to the passage of the Affordable Care Act, eligibility for Medicaid was limited to people who met certain categorical eligibility requirements, such as being disabled. For many of the adults who experience homelessness, this had the effect of tying Medicaid eligibility to the same criteria used to define eligibility for SSI. Now, with the expansion of Medicaid eligibility authorized by the Affordable Care Act, about half of all states have agreed to expand and streamline eligibility for adults based on income (without additional categorical eligibility requirements), although nearly half of all states are not expanding Medicaid eligibility at this time. For adults in those states, establishing eligibility for SSI is still often the key to Medicaid eligibility.

Some states link the process of determining eligibility for SSI and Medicaid. Thirty-two states and the District of Columbia provide Medicaid eligibility to people eligible for SSI benefits. In these states, the SSI application is also the Medicaid application. Medicaid eligibility starts the same month as SSI eligibility. Some states use the same rules to determine eligibility for both SSI and Medicaid, but require separate applications, and some states use separate eligibility rules and application procedures for Medicaid.

If a recipient of SSI is working and living in a state that provides Medicaid coverage to people on SSI, the recipient may continue to qualify for Medicaid even if his or her earnings, along with other income, become too high for an SSI cash payment. To qualify, a recipient must:

- Have been eligible for an SSI cash payment for at least one month;
- Be eligible for cash payment, except for earnings;
- Still be disabled;
- Still meet all other eligibility rules, including the resources test;
- Need Medicaid to work; and
- Have gross earned income that is insufficient to replace SSI, Medicaid, and any publicly-funded attendant care. (See *The Red Book – A Guide To Work Incentives*, available at <http://www.ssa.gov/redbook/> for a complete list of the "threshold amounts" in each state.)

For more information, see *Medicaid Eligibility* at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html>.

For more information about Medicaid eligibility and work incentives for people who are eligible for SSI benefits, visit <http://www.socialsecurity.gov/disabilityresearch/wi/medicaid.htm> and <http://www.ssa.gov/redbook/>.

For more information on which states have expanded eligibility for Medicaid, and which states have not, visit <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>.

- **Medicare:** SSDI beneficiaries are eligible for Medicare after a 24-month qualifying period which begins with the first month for which benefits are received.

For more information, visit <http://medicare.gov/> and see *Medicare Benefits* at <http://www.socialsecurity.gov/pgm/medicare.htm>.

- **SNAP:** SNAP provides help for low-income households to buy the food needed for good health. In most states, if a person receives SSI, he or she may be eligible to receive SNAP assistance to purchase food.

If a person is applying for or receiving SSI, he or she may be able to get SNAP information and an application form at the local SSA field office. If an individual applies for SSI, and all other members of the household are applying for or already receiving SSI, the field office will help complete the application and send it to SNAP.

For more information, see SSA Publication No. 05-10100, *Nutrition Assistance Programs* at www.socialsecurity.gov/pubs/10100.html.

- **TANF:** TANF provides cash block grants to states. TANF gives states the flexibility to determine TANF eligibility rules and to set TANF payment amounts. In a household receiving TANF, SSA provides SSI payments only to the blind or disabled adult or child, or household members age 65 or older.
- **Affordable Health Insurance for Children Who Need it:** Medicaid provides free health coverage to most low-income children through state children's health insurance programs. Contact a local state or local medical assistance (Medicaid) office, social service office, or welfare office for more information.

- **VA Benefits:** For Veterans who are experiencing homelessness and are potentially eligible for SSI or SSDI benefits, it is important to also consider benefits and services that may be available from the VA. Veterans may be eligible for SSI or SSDI benefits in conjunction with, or as an alternative to, VA disability benefits. VA benefits include:
 - Disability compensation, also known as service-connected disability for qualifying Veterans who are disabled by an injury or illness that was incurred or aggravated during active military service.
 - Pensions, which are needs-based cash benefits, paid to low-income wartime Veterans who have limited resources and assets and who are over age 65 or have a permanent and total non-service connected disability.

There are different definitions of disability and application processes for VA and SSA disability benefits. To be eligible for VA disability benefits, the Veteran must have been discharged from the military under conditions other than dishonorable. Veterans may apply for both VA and SSA benefits at the same time. The VA and SSA will make separate decisions about eligibility. Because SSI is a needs-based program, if the Veteran receives income from VA benefits, this will be deducted from SSI payments after an exclusion of \$20.00 per month. SSDI benefits are not affected by income that may be received through VA benefits.

For more information about disability benefits for Veterans, and an explanation of how VA and SSA benefits affect one another, visit

http://soarworks.prainc.com/sites/soarworks.prainc.com/files/Connecting_Veterans_SSI_SSDI_100714.pdf.

For more information about the VA's programs and services for Veterans experiencing homelessness, visit <http://www.va.gov/homeless/>.

For more information on other benefits available to Veterans, see Appendix B.

- **State or Local Assistance Based on Need:** Some states offer state or local assistance based on need to aged, blind, and disabled people through the state welfare or social services department. The state may require a person to apply for SSI if the person receives state or local assistance based on need. If an individual is approved for SSI, the state or local public assistance payments will usually stop. The state may be entitled to collect part of any past-due SSI benefits as repayment for the money it paid while SSA processed the SSI claim.
- **State Programs that Help with Medicare Costs:** A person may qualify for help with certain Medicare costs under the programs below.
 - Qualified Medicare Beneficiary (QMB) Program: The QMB program helps low-income Medicare beneficiaries by paying Medicare premiums, deductibles, and coinsurance.
 - Specified Low-Income Medicare Beneficiary (SLMB) Program or Qualifying Individual Program (QI-1): The SLMB and QI-1 programs will pay Medicare Part B premiums only.
 - Qualified Disabled Working Individual (QDWI): The QDWI program will pay Medicare Part A premiums.

- For more information on Medicare Savings Programs, including monthly income limits, visit <http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html>.

If a person is under age 65, disabled, and no longer entitled to free Medicare Hospital Insurance Part A because he or she successfully returned to work, he or she may be eligible for a state program that helps pay Medicare Part A monthly premiums.

To be eligible for this help, a person must:

- Continue to have a disabling impairment;
- Sign up for premium Hospital Insurance (Part A);
- Have limited income;
- Have resources worth less than \$4,000 for an individual and \$6,000 for a couple. The state will not count the home where a person lives, usually one car, and \$1,500 in burial expenses (per person) as resources; and
- Not already be eligible for Medicaid.

For more information, see *Understanding Supplemental Security Income (SSI) And Other Government Programs -- 2014 Edition* at <http://www.ssa.gov/ssi/text-other-ussi.htm>.

➤ **Strategy: Take Applications for People Experiencing Homelessness At Special Events Aimed At Helping Individuals Gain Access to Multiple Services (e.g., VA Stand Downs, Project Homeless Connect, and Health/Benefits Fairs).**

Description: Special events can offer SSA the opportunity to increase access to services and benefits in partnership with multiple agencies in one location. When multiple Federal, state, and local agencies collaborate to participate in special events, people in need are able to start multiple applications for SSI, SSDI, and other benefits on the same day. Claimants can apply for assistance and get connected to needed services in one location.

To request the presence of a SSA field office claims representative at an event, complete the online form at *Ask For A Speaker* at <http://www.socialsecurity.gov/organizations/>.

Why this is important: The special event service option provides a good opportunity to engage with people who are experiencing homelessness and who may find it difficult to visit multiple government offices and to navigate the process of applying for all benefits for which they may be eligible. This option has several advantages, such as a single location to apply for multiple benefits, reduced field office visits, not having to schedule an appointment, and the opportunity to connect claimants to other services that will help them exit homelessness.

Key Strategies for Working with Veterans and other Special Populations

People experiencing homelessness have different needs and characteristics, and some are members of special populations that face particular challenges in accessing SSI/SSDI benefits. This section provides recommendations and key strategies that can be used by service providers working with people who are in one of these homeless “special population” groups, including Veterans, people re-entering the community from jail or prison, or youth transitioning out of the foster care system.

➤ **Strategy: Working with Veterans**

Description: Both SSA and the VA provide disability benefits for Veterans, although they have different definitions of disability and separate application processes. Service providers and other community partners can play key roles in helping Veterans to apply for disability benefits from the VA and SSA. Veterans may apply for both VA and SSA benefits at the same time. The VA and SSA will make separate decisions about eligibility. To be eligible for VA disability benefits, the Veteran must have been discharged from the military under conditions other than dishonorable. Veterans with disabilities may qualify for SSI/SSDI benefits even if they are not eligible for VA benefits or if they receive only limited VA benefits. Similarly, Veterans may qualify for VA disability benefits without qualifying for SSI or SSDI. However, military service members and Veterans who have a VA compensation rating of 100 percent permanent and total (P&T) disability will receive expedited processing of applications for SSA disability benefits.

SOAR Training for Programs that Prevent and End Homelessness for Veterans

In 2013, grantees in the VA’s Supportive Services for Veteran Families (SSVF) program participated in SOAR training through the SAMHSA SOAR TA Center and SOAR Works online training curriculum. Over 100 grantees are using SOAR to assist Veterans who are experiencing or are at risk of experiencing homelessness. The training has expedited the process for receiving SSI/SSDI benefits and serves as a vital link to increasing income and benefits to help Veterans maintain housing after they are rapidly re-housed. Grantees are developing partnerships with the VA and their local and state SOAR leads and are using SOAR as a core part of their services to connect Veterans to mainstream benefits. Other local Veteran service providers can be trained in the SOAR model, gaining expertise in how to quickly link disabled Veterans who are experiencing homelessness to SSI/SSDI benefits.

Why this is important: On a single night in January 2014, nearly 50,000 Veterans were experiencing homelessness. Moreover, many Veterans experiencing homelessness have physical and mental disabilities, including high rates of mental illness, traumatic brain injury, post-traumatic stress disorder, and military sexual trauma, which contribute to difficulty in maintaining employment and housing stability. Income from disability benefits is critical for many Veterans experiencing homelessness, as increased and steady income supports long-term housing stability. SSA is committed to working with other Federal agencies and partners at the state and local levels to achieve the goal of ending homelessness for all Veterans. Part of this strategy is working together to ensure that eligible Veterans are quickly linked to SSI/SSDI benefits.

For more information, see *Information for Wounded Warriors and Veterans Who Have a Compensation Rating of 100% Permanent & Total* at <http://www.ssa.gov/people/veterans/#ht=1> and *Connecting Veterans to Social Security Disability Benefits: A Key Component in Ending Veteran Homelessness*, available from SAMHSA's SOAR Technical Assistance Center at http://soarworks.prainc.com/sites/soarworks.prainc.com/files/Connecting_Veterans_SSI_SSDI_100714.pdf.

➤ **Strategy: Working with People Involved in the Criminal Justice System**

Description: People who are in jail or prison are not eligible to receive SSI/SSDI benefits while they are incarcerated, so their benefits are suspended. SSI benefits terminate if a person is in prison for more than one year. Individuals who are released from jail or prison may need to contact SSA to reinstate benefits or to file a new application if benefits were terminated or if they have not previously received SSI/SSDI benefits. Service providers can work with local correctional facilities and other partners to make access to SSI/SSDI benefits part of community reentry strategies that will improve outcomes, including housing stability. Service providers can also serve as local experts on the connection between mental illness, homelessness, and incarceration, become well versed in the ramifications of incarceration on receipt of SSI/SSDI benefits, play a role in transition planning, and assist individuals by increasing access to SSI/SSDI benefits prior to reentry into the community.

- **Pre-Release Agreements:** Service providers can work with correctional facilities to ensure that pre-release agreements are in place prior to reentry into the community. A pre-release agreement is a written or verbal agreement between a public institution and SSA to cooperate in the processing of SSI and Social Security applications and reinstatements. These pre-release agreements provide the opportunity for an individual to apply for SSI/SSDI up to several months prior to his or her release from an institution in order for benefits to begin quickly after release.
- **Completing Applications:** Once an inmate or prisoner has been notified of his or her release date, the service provider can work with someone in the facility to begin the SSI/SSDI application process. If the institution has a pre-release agreement with the local field office, the claims representative will obtain an application from the claimant several months before his or her anticipated release. By doing so, SSA can begin processing the claimant's application and benefits can start as soon as possible after release. Service providers can help by contacting Social Security to let them know of the claimant's upcoming release and identifying representative payees for claimants who are unable to handle their own finances.

Why this is important: It is estimated that, each year, 725,000 people are released from Federal and state prisons; 125,000 of whom have been diagnosed with a serious mental illness. In addition, more than 20 percent of people with mental illness were homeless in the months before their incarceration compared with 10 percent of the general prison population. Homelessness may be even more prevalent for those exiting the criminal justice system. This data highlights the need for people who are currently incarcerated to be linked to SSI/SSDI benefits prior to reentry, to provide access to income, health care, housing, and overall stability for those unable to work because of physical or mental impairments.

For more information, see *Best Practices for Increasing Access to SSI/SSDI upon Exiting Criminal Justice Settings* at http://soarworks.prainc.com/sites/soarworks.prainc.com/files/Best_Practices_CJ_Systems.pdf,

What Prisoners Need to Know at <http://www.socialsecurity.gov/pubs/EN-05-10133.pdf>, and Spotlight on Prerelease Procedure at <http://www.ssa.gov/ssi/spotlights/spot-prerelease.htm>.

➤ **Strategy: Working with Youth Transitioning Out of the Foster Care System**

Description: Young people with disabilities may be eligible for SSI when they transition out of foster care. In general, disabled youth who are receiving Title 1V-E Federal foster care benefits cannot become eligible for SSI until foster care payments have stopped. Eligibility for foster care payments ends at age 18 in some states, although in many states, foster care payments may continue after age 18, based on certain conditions. For disabled youth aging out of the foster care system, service providers can work with eligible youth to start the application process 90 days prior to transition.

SSA conducts continuous outreach to the public and foster care agencies to raise awareness about disabled youth transitioning out of foster care. These organizations often receive policy updates and other information from SSA and may be able to assist with strategies to help transition-aged youth apply for SSI payments. Service providers working to assist youth who are transitioning from foster care should collaborate with these types of organizations:

- State Government agencies (e.g., child services, foster care etc.);
 - Local Government agencies (e.g., welfare and social services);
 - Tribal health services; and,
 - Foster care advocacy groups (e.g., National Foster Care Coalition, National Foster Parent Association, Annie E. Casey Foundation, the National CASA Association, Foster Care Alumni of America, the National Association of Social Workers, the National Association for Family Child Care, Child Welfare League of America, etc.).
- **Understand the Requirements for Filing an SSI Application:** A disabled youth transitioning out of foster care may file an SSI application if he or she:
- Lives in a foster care situation;
 - Alleges blindness or disability;
 - Appears likely to meet all of the non-medical eligibility requirements when foster care payments terminate;
 - Expects the foster care payments to cease within 90 days of the application filing date; and
 - Is within 90 days of losing foster care eligibility because of age.

Why this is important: Youth transitioning out of foster care are a particularly vulnerable population with high risk for homelessness. Additionally, children and youth in foster care are more likely to have a physical or mental disability than those not in foster care, which may make the transition out of the foster care system more difficult.

For more information, see *Spotlight on SSI Benefits for Disabled or Blind Youth in Foster Care – 2014 Edition*, at <http://www.socialsecurity.gov/ssi/spotlights/spot-disabled-youth.htm>.

Key Strategies for Assisting SSI/SSDI Beneficiaries Post-Entitlement

After the disability determination process, beneficiaries may need to routinely interact with SSA. Service providers can assist SSI/SSDI beneficiaries experiencing homelessness with reporting responsibilities and link them to various employment supports.

➤ **Strategy: Promptly Report Changes in Work Activity**

Description: Beneficiaries must notify SSA if they start or stop work, or if duties, hours, or pay changes. Also, beneficiaries should notify SSA if they start paying for expenses needed to work due to their disability. When beneficiaries report changes in work activity, SSA gives them a receipt to verify that they have properly fulfilled their reporting obligation.

Why This Is Important: When changes are not reported promptly, individuals may be underpaid and not receive the benefits due to them as quickly as they otherwise would. Or, SSA may overpay the individual who may then have to repay the overpayment. If there is an overpayment, the individual may even be penalized for failing to report the change promptly.

For more information, see *Returning To Work in the 2015 Red Book* at <http://www.socialsecurity.gov/redbook/eng/returning-to-work.htm#a0=0>.

➤ **Strategy: Promptly Report any Changes that may Affect SSI**

Description: It is important to report any changes that may affect SSI payments as soon as possible and no later than 10 days after the end of the month in which the change occurred. These changes include changes in income and resources, moves or changes of address, changes in marital status, persons moving in or out of a household, death of a household member, entering or leaving an institution, fugitive felon status, and leaving the United States for more than 30 days in a row.

Why This Is Important: When changes are not reported promptly, individuals may be underpaid and not receive the benefits due to them as quickly as they otherwise would. Or, SSA may overpay the individual who may then have to repay the overpayment. If there is an overpayment, the individual may even be penalized for failing to promptly report the change.

For more information, see *Understanding Supplemental Security Income Reporting Responsibilities - 2014 Edition* at <http://www.socialsecurity.gov/ssi/text-report-ussi.htm>.

➤ **Strategy: Utilize Work Incentives and Employment Supports**

Description: In addition to providing income, work can be important to a person's sense of self-worth and provides a connection to the community. Work incentives and employment supports protect benefits while SSI/SSDI beneficiaries test work capabilities.

Service providers and beneficiaries can become informed about available work incentives by:

- Reading the *Red Book*, which is written primarily for educators, advocates, rehabilitation professionals, and counselors who serve persons with disabilities;

- Contacting any SSA field office around the country, as each office has a work incentive liaison who can provide information;
- Contacting local AWICs (Information on how to contact your local AWIC is available at www.socialsecurity.gov/regions/);
- Contacting a Work Incentives Planning and Assistance Project, which has counselors that can provide assistance (*Work Incentives Planning and Assistance* at <http://www.ssa.gov/work/WIPA.html>) or
- Calling SSA toll free at 1-800-772-1213.

Social Security's Ticket to Work program supports career development for people with disabilities who want to work. Service providers may be able to assist beneficiaries transitioning from homelessness to connect with a Ticket to Work service provider.

For More Information, see *The Red Book - A Guide to Work Incentives* at <http://www.ssa.gov/redbook/> and *Ticket to Work* at <http://chooseworkttw.net>.

Appendix A: Sample Medical Summary Report

Introduction

Ms. Amelia Smith is a 35-year old woman who has a lengthy history of bipolar disorder, hypertension, diabetes, and homelessness. Ms. Smith is 5'5" and weighs 195 pounds. Her hair is matted and often dirty. She has had little dental care and is missing several teeth in the front of her mouth. She dresses in several layers of clothes despite the warm weather. In conversation, Ms. Smith either speaks very rapidly and is difficult to re-direct, or she sits in long periods of silence. In either state, she seems to have difficulty following questions and responding to them appropriately. When depressed, she moves extremely slowly and appears to be very sad. When speaking rapidly, she becomes easily irritated if interrupted and then refuses to continue with the conversation.

Personal history

Most of Ms. Smith's history is contained in submitted medical records. However, her history of sexual abuse is not mentioned as she has not discussed this in treatment in the past. Ms. Smith reports that, from ages 8–13, she was sexually abused by her maternal uncle. She was afraid to tell her mother as she "felt that she would blame me, not him." This has weighed on her and has contributed to her past use of alcohol as she felt, when she drank, that "the problems were no longer there."

In addition, Ms. Smith's stepfather was often physically abusive to her when her mother was not at home. There were several instances when he pushed her against the wall very hard, and she was knocked out briefly. She received no medical care for these injuries. Finally, we have learned more details of Ms. Smith's work history. Although she was able to work at the Hilton Hotel in housekeeping for two years, the work was intermittent, and she was frequently threatened with firing.

She said, "My boss was against me. I had good ideas on how the work should be done. He wanted it his way. We frequently argued, and he would threaten me. Sometimes I was suspended for a week or two, and he would then let me back to work." In most of her other work (the Hyatt, Marriott, and Motel 6), she had similar experiences.

Medical/psychiatric history

In 2005, Ms. Smith was first diagnosed with a bipolar disorder when she was hospitalized at Mount Pleasant General Hospital's psychiatric unit on an involuntary basis. The police picked her up in the street where she was yelling at people and was very agitated. Records there indicate that "she has had a two-year history of mood swings and inability to control her behavior. She has had several emergency room visits but refused voluntary admission and was deemed, at those times, as not meeting criteria for commitment. While on the unit, Ms. Smith remained manic for two weeks and only gradually responded to treatment. Discharge diagnosis was bipolar disorder, manic, with psychotic features. Medications were Zyprexa, 10 mg at bedtime, lithium, 400 mg t.i.d., and HCTZ for hypertension."

Following this hospitalization, Ms. Smith had no outpatient treatment. She remained homeless, and various emergency room records (2009-2012) indicate frequent visits there with manic/depressive symptoms and intermittent medication compliance. In July 2013, Ms. Smith was hospitalized again, this time at Eastfall Psychiatric Hospital in Brynburne, New Jersey. She was again admitted involuntarily through police intervention. Records note: "Ms. Smith was extremely dirty and agitated upon admission. She spent several days in the quiet room and gradually responded to treatment."

After four weeks, Ms. Smith was discharged with a diagnosis of bipolar disorder, manic, with psychotic features. Medications were Zyprexa, 10 mg at bedtime, lithium, 500 mg t.i.d., and HCTZ for hypertension. She was referred to the ACT team for follow-up and to the Safe Haven for housing.

Functional information

Ms. Smith shows significant functional impairment in her activities of daily living, social functioning, and ability to persist and pace in the completion of tasks. Regarding her activities of daily living, this report noted above that Ms. Smith's hygiene is quite poor. She estimates that she bathes approximately once every two weeks. She is either "too busy" to bathe or feels that her depression causes her to have little interest or energy for it. She walks everywhere she needs to go, and her feet are frequently sore and swollen from all the walking. She reports having no idea as to how to use the bus or subway. In addition, she is leery of these as there are "too many people" for her to handle in public transportation. Ms. Smith has had no place to live for five years. She intermittently goes to soup kitchens to eat but sometimes feels so agitated that she simply looks for leftovers in the dumpsters behind restaurants on Main Street. She talked at length about what good food one can find in the dumpsters.

Socially, as was indicated in the employment history, Ms. Smith has a great deal of difficulty getting along with others. When she is manic, she becomes grandiose, irritable, and expects others, including employers, to do tasks "my way." It is hard for her to understand why this causes her difficulty. On occasion, for example in the hospital, Ms. Smith becomes aggressive and suspicious of others. She has no sense of when she is being intrusive and, when manic, often acts inappropriately, e.g., singing, standing in the middle of the street. When she is depressed, she isolates herself and wants no contact with anyone. When she feels this way, she sleeps on the street and eats little. She refuses even to go into the shelter at night as she "doesn't care and has no energy." Regarding her ability to complete tasks, Ms. Smith, when manic, is extremely distractible. It took the writers several sessions to obtain information from Ms. Smith as she was so distractible that she was unable to stay focused on an answer to questions. She missed appointments as she was "too busy" doing "things I cannot name." She notes that she has to write down every detail of her life or she forgets them. "I used to have a crackerjack memory," she said.

Summary

Ms. Smith is a woman who has been experiencing homelessness, psychosis, with bipolar disorder and serious physical health problems for at least the past five years. She has had at least two known lengthy psychiatric hospitalizations. She has only recently begun taking medication and attending treatment as she is receiving the intensive services (treatment and case management) from the ACT team as well as support from the Safe Haven staff. Without these supports, Ms. Smith would likely decompensate once again and be on the street. We believe that Ms. Smith is disabled. Please contact us if you have any questions.

Sincerely,

Jane Jones, Case Manager
Sandra Smith, M.D., Psychiatrist

Appendix B: Additional Benefits Available for Veterans

Benefits Portal

eBenefits is a portal for Veterans, service members, and their families to research, find, access, and, in time, manage their benefits and personal information. Since the inception in 2009, more than 30 features that allow direct access to one's benefits and personal information have been added. Look for additional features and process enhancements in future quarterly releases.

For more information on the Benefits Portal, visit <http://www.ebenefits.va.gov>.

Providing Medical Care

The Veterans Administration (VA) operates the largest integrated health care delivery system in America. In this context, VA meets the health care needs of America's Veterans by providing a broad range of primary care, specialized care, and related medical and social support services. VA focuses on providing health care services that are uniquely related to Veterans' health or special needs. VA is also the Nation's largest provider of health care education and training for physician residents and other health care trainees. These education and training programs are designed to help ensure that there is an adequate supply of clinical care providers for Veterans and the Nation.

For more information on providing medical care, visit <http://www1.va.gov/health/index.asp>.

Delivering Compensation Benefits

The compensation program provides monthly payments and ancillary benefits to Veterans in accordance with rates specified by law, in recognition of the average potential loss of earning capacity caused by a disability or disease incurred in or aggravated during active military service. This program also provides monthly payments, as specified by law, to surviving spouses, dependent children, and dependent parents in recognition of the economic loss caused by the Veteran's death during active military service or, subsequent to discharge from military service, as a result of a service-connected disability.

For more information on delivering compensation benefits, visit www.vba.va.gov/bln/21/compensation/.

Providing Pension Benefits

Pension benefits are monthly payments, specified by law, provided to Veterans with non-service-connected disabilities, who served in a time of war. Veterans must meet specific income limitations and must be permanently and totally disabled, or must have reached the age of 65. This program also provides monthly payments, as specified by law, to income-eligible surviving spouses and dependent children of deceased wartime Veterans who die as a result of a disability unrelated to military service.

For more information on providing pension benefits, visit www.vba.va.gov/bln/21/pension/.

Providing Fiduciary Services

Fiduciary services are provided to Veterans and beneficiaries, who because of injury, disease, infirmities of age, or because they are minor children, are unable to manage their financial affairs. This program provides for a selected fiduciary, normally a family member or caregiver, to manage the beneficiary's financial affairs to ensure all of his or her debts are paid. Additionally, through the fiduciary program, periodic visits are conducted with beneficiaries to ensure they are being properly cared for.

For more information on providing fiduciary services, visit <http://www.vba.va.gov/bln/21/Fiduciary/>.

Providing Education Opportunities

VA's education programs provide eligible Veterans, service members, reservists, survivors, and dependents the opportunity to achieve their educational or vocational goals. Education programs also assist the Armed Forces in recruitment and retention and help Veterans readjust to civilian life. These benefits serve to enhance the Nation's competitiveness through the development of a better educated and more productive workforce. VA administers a number of education programs, including the Montgomery GI Bill and the Post-9/11 GI Bill.

For more information on providing education opportunities, visit www.gibill.va.gov.

Delivering Vocational Rehabilitation and Employment Services

VA's Vocational Rehabilitation and Employment (VR&E) program provides a wide range of vocational and employment services to Veterans, active-duty service members, and eligible dependents. These services are designed to help service members and Veterans choose a career path and assist them in achieving their employment goals. Assistance includes interest and aptitude testing, occupational exploration, career counseling, training, and job placement services. This program also provides services to enhance an individual's opportunity to obtain career employment through training. VA pays the costs of tuition, fees, books, supplies, equipment, and, if needed, special services. VA also provides a monthly benefit allowance to help with living expenses.

For more information on delivering vocational rehabilitation and employment services, visit <http://www.vba.va.gov/bln/vre/index.htm>.

Providing Educational and Vocational Counseling

VA's VR&E administers the Educational and Vocational Counseling benefit to transitioning service members and current beneficiaries and new Veterans eligible under all education chapters. The counseling services may include career decision making for civilian and military occupations, assistance with choosing an appropriate civilian occupation and developing a training program, selection of an academic facility, and academic and adjustment counseling to resolve barriers that impede success in training or employment.

For more information on providing educational and vocational counseling, visit <http://www.vba.va.gov/bln/vre/index.htm>.

Promoting Home Ownership

VA's Loan Guaranty program helps eligible Veterans, active duty personnel, surviving spouses, and members of the Reserves and National Guard in purchasing homes. VA also assists these borrowers in retaining their homes through joint servicing efforts with VA-guaranteed loan servicers via foreclosure avoidance services. In addition, VA offers Specially Adapted Housing grants to Veterans and service members who have certain service-connected disabilities for the purpose of constructing an adapted dwelling or modifying an existing one to meet their special needs. The Loan Guaranty program also provides direct loans to Native American Veterans living on Federal trust land and offers some loans to the public when buying homes owned by VA as a result of foreclosure.

For more information on promoting home ownership, visit <http://www.homeloans.va.gov>.

Meeting Insurance Needs

VA's Insurance program provides all service members and their families with universally-available life insurance, which is automatically issued without underwriting. The program provides service members the option to continue insurance coverage after separating from the military. The Insurance program also offers service members traumatic injury protection. The program continues to provide life insurance coverage to World War II and Korean War-era Veterans, and to Veterans who have lost or impaired insurability resulting from military service and, therefore, cannot obtain commercial insurance at standard rates applicable to healthy individuals. In total, the program insures 6.9 million Veterans, service members, and their families. Insurance coverage is made available in reasonable amounts and at premium rates comparable to those offered by commercial companies. The program ensures a competitive, secure rate of return on investments held on behalf of the insured.

For more information on meeting insurance needs, visit <http://www.insurance.va.gov>.

Delivering Burial and Memorial Services to Veterans

Primarily through the National Cemetery Administration, VA honors Veterans and their families with final resting places in national shrine cemeteries and with lasting tributes that commemorate their service and sacrifice to our Nation.

For more information on delivering burial and memorial services to Veterans, visit <http://www.cem.va.gov>.

Glossary of Terms

Appointment of Representative

An appointed representative is a qualified individual who acts on behalf of a claimant. The appointed representative is allowed to receive copies of all notices sent to the claimant, communicate directly with SSA and DDS to provide additional information needed, and obtain records from the claimant's files. If SSA denies the application, the appointed representative may help the claimant to file an appeal.

Consultative Examination (CE)

An examination or test conducted by a contracted provider, which is scheduled and paid for by the DDS with funds provided by the Social Security Administration to obtain additional information as needed. CEs are not required with every application.

Disability

Section 223 of the Social Security Act defines disability as, “the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.”

Disability Determination Services (DDS)

State agencies funded by the Federal government that are responsible for making the disability determination.

Fast Track Processes

Expedite the processing of disability claims for claimants whose medical conditions are severe and qualify based on minimal medical information. An electronic predictive model is used to identify cases that have a high degree of probability for a quick allowance.

Homeless

Defined by SSA as “a person who does not have (or will not have within 14 days) a fixed, regular, and adequate nighttime residence.”

- **For more information** about SSA’s definition of homelessness, see <https://secure.ssa.gov/poms.nsf/lnx/0411005004>.

Homelessness

Different definitions of homelessness are used within various Federal agencies, reflecting that agency’s purpose and provisions under Federal laws regarding assistance to people who are experiencing or at risk of homelessness.

Public Affairs Specialists

Individuals that plan and coordinate regional outreach activities, respond to media inquiries, serve as a resource for all components in the region, respond to congressional inquiries and service complaints, and represent SSA with partner agencies.

Representative Payee

An individual or organization appointed by SSA to receive Social Security and/or SSI benefits for someone who cannot manage or direct someone else to manage his or her money. The main responsibilities of a

representative payee are to use the benefits to pay for the current and foreseeable needs of the beneficiary and properly save any benefits not needed to meet current needs. A representative payee must also keep records of expenses. When SSA requests a report, a representative payee must provide an accounting to SSA of how benefits were used or saved.

Social Security Disability Insurance (SSDI)

A payroll tax-funded Federal insurance program that is managed by the Social Security Administration and provides benefits to people who are unable to work due to a medically determinable physical or mental impairment that is expected to result in death or last for a continuous period of not less than 12 months. Unlike Supplemental Security Income (SSI), SSDI does not depend on the income or resources of the beneficiary.

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

A national project funded by the Substance Abuse and Mental Health Services Administration that is designed to increase access to SSI/SSDI benefits for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. Using a three-pronged approach of Strategic Planning, Training, and Technical Assistance (TA), the SOAR TA Center coordinates this effort at the state and community level.

The Substance Abuse and Mental Health Services Administration (SAMHSA)

A branch of the U.S. Department of Health and Human Services. It is charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

Supplemental Security Income (SSI)

A Federal income supplement program funded by general tax revenues (not Social Security taxes) that provides cash payments to low-income people who are 65 or older, blind, or disabled.

The U.S. Department of Veterans Affairs (VA)

A government-run military Veteran benefits system with Cabinet-level status. The mission of VA is to fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

The U.S. Interagency Council on Homelessness (USICH)

An independent Federal agency within the U.S. executive branch that is composed of 19 Cabinet secretaries and agency heads. The mission of USICH is to coordinate the Federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the Federal government in contributing to the end of homelessness.

The Social Security Administration (SSA)

An independent agency of the Federal government that administers Social Security, a social insurance program consisting of retirement, disability, and survivors' benefits, and the SSI program. The mission of the SSA is to deliver Social Security services that meet the changing needs of the public.