

STEPPING STONES TO SSI AND SSDI
A TRAINING CURRICULUM FOR CASE MANAGERS
ASSISTING ADULTS WITH HIV/AIDS WITH SOCIAL
SECURITY DISABILITY AND SUPPLEMENTAL SECURITY
INCOME APPLICATIONS
PARTICIPANT GUIDE

JUNE 2009

Office of HIV/AIDS Housing



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Stepping Stones to SSI and SSDI: A Training Curriculum for Case Managers Assisting Adults with HIV/AIDS with Social Security Disability and Supplemental Security Income Applications was adapted by the authors from a curriculum developed for the Substance Abuse and Mental Health Services Administration (SAMHSA). This curriculum, entitled *Stepping Stones to Recovery: A Training Curriculum for Case Managers Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Income Applications*, focused on assisting people experiencing homelessness who had serious mental illnesses and/or co-occurring substance use disorders.

Numerous people contributed to the adaptation of this curriculum. This document was written by Yvonne Perret of the Advocacy and Training Center and Deborah Dennis, Margaret Lassiter and Jackie Massaro from Policy Research Associates.

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Disclaimer

The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of the Housing Opportunities for Persons with AIDS, U.S. Department of Housing and Urban Development, the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), or the Social Security Administration.

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INTRODUCTION



The *Stepping Stones to SSI and SSDI* curriculum focuses on assisting eligible adults who have HIV/AIDS to access Social Security Administration disability benefits. These benefits include Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. These two national programs are the main income and health insurance for people with disabilities. Importantly, the purpose of this curriculum is not to make all adults with HIV/AIDS eligible, but rather to help adults who are eligible to access them in an expedited fashion.

Since the beginning of the acquired immunodeficiency syndrome (AIDS) epidemic in the early 1980s, many individuals living with the disease have had difficulty finding affordable, stable housing. As individuals live with the demands of this disease, they may find themselves unable to work, while at the same time facing health care expenses that leave few resources to pay for housing. It is estimated by The National AIDS Housing Coalition that 70 percent of those living with HIV/AIDS are at risk for homelessness. For this reason, and because people who are homeless have extreme difficulty fully accessing life-prolonging care, Congress established the Housing Opportunities for Persons With AIDS (HOPWA) program in 1992. HOPWA is administered by the Office of HIV/AIDS Housing in the United States Department of Housing and Urban Development (HUD).

Currently, HUD's Office of HIV/AIDS Housing works with a network of 200 grantees and 850 project sponsors to deliver housing support to low income households that include persons living with HIV/AIDS. In 2008 HOPWA grantees reported that local efforts assisted 62,210 households with housing support. The majority of program beneficiaries are extremely low-income households, less than 30 percent of median income, and grantees report that 91 percent have incomes below \$1,000 per month. The HOPWA program provides direct housing assistance that supports unmet housing needs through the provision of rental assistance, the use of short-term rent, mortgage and utility payments to reduce risks of homelessness, and through the operation of supportive housing facilities.

The Office of HIV/AIDS Housing reports that receiving SSI and/or SSDI is very beneficial for extremely low-income persons with HIV/AIDS. The modest income from these SSA programs makes it possible to obtain housing, supportive services, and access to medical care. Since many HUD supportive housing programs require a tenant contribution of 30 percent of the tenant's income, SSI or SSDI benefits would provide HOPWA with some revenue to offset program costs and, thereby, allow HUD to serve more individuals.

With this in mind, HOPWA has contracted for the adaptation of the Department of Health and Human Services' SSI/SSDI Outreach, Access and Recovery (SOAR) program into a HOPWA SOAR initiative. It is HUD's hope that, by facilitating an expedited SSA approval process, HOPWA residents with HIV/AIDS can quickly receive benefits and obtain the housing and supportive services necessary to sustain a long and beneficial life.

The *Stepping Stones to SSI and SSDI* curriculum rests on the collaboration of providers and other stakeholders to effectively serve adults with HIV/AIDS. The curriculum provides an in-depth step-by-step explanation of the application and disability determination process. A companion manual that was originally developed for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides additional technical information and can be accessed on the SOAR website (<http://www.prainc.com/soar>).

In developing the modules for this curriculum, the authors recognize that many people with HIV/AIDS may be found disabled on a combination of illnesses, including mental health, other physical health problems, and co-occurring substance use disorders. This curriculum attempts to provide the tools to develop claims for those who have complex challenges. Each module builds on the preceding modules. Trainers and participants can spend more or less time on the modules depending on their proficiency with the information. Exercises and worksheets provide practice opportunities and tools to assist with the application process. Additional samples of reports, letters, assessment tools, and SSA forms can be found at the end of each module. A video offers a role-played assessment with a woman who is applying for benefits based primarily on a serious mental illness.

The *Stepping Stones to SSI and SSDI Participant Guide* is not a stand-alone document. It is intended for use only after attending a *Stepping Stones to SSI and SSDI* training, led by an experienced trainer who has attended a *Stepping Stones to SSI and SSDI* Train-the-Trainer program.

Lastly, the model and information included in this curriculum are effective for use with individuals who have a variety of disabilities. The focus of the curriculum is adults (according to SSA regulations, these are individuals who are 18 years of age or older) who have disabilities related to HIV/AIDS. At the same time, the authors recognize that people do not fit into narrowly defined categories. Therefore, in addition to examples relating to HIV/AIDS, there are some relating to mental and other physical health difficulties.

The Modules

The *Stepping Stones to SSI and SSDI* curriculum was adapted from *Stepping Stones to Recovery: A Training Curriculum for Case Managers Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Income Applications*, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Opening: Setting the Stage This module opens the program and sets the stage for the unfolding of the content. It also outlines community collaborations necessary for starting a HOPWA SOAR initiative.

Module 1: The Disability Programs of the Social Security Administration (SSA) gives an overview of the two SSA disability programs discussed in the curriculum. It focuses primarily

on the basic differences and similarities between the two programs and introduces some of the terms used by SSA.

Module 2: Engaging the Applicant Who Has HIV/AIDS introduces several strategies to engage an applicant as well as a technique of interviewing that creates a comfortable situation for individuals who are revealing the private details of their lives. It also introduces some potential roles that a case manager may play in the SSI/SSDI process.

Module 3: The Application Process: Non-Medical Information describes the non-medical application process, including the agencies that assess an application, the forms that are required, and the information that is needed. Special attention is given to critical sections of the SSI application: immigration, living arrangement, and income/resources. It also discusses the pros and cons of different application methods (in-person, by phone, online).

Module 4: The Application Process: Medical Evidence focuses on the medical information that must be gathered and assessed for an SSI or SSDI application (especially for the completion of the *SSA-3368 Disability Report* and the *SSA-4814 Medical Report for Adults with HIV/AIDS*). It stresses the medical evidence and its importance in the determination process in particular. Presumptive disability for people with HIV/AIDS is also discussed briefly.

Module 5: Eligibility Criteria and the Sequential Evaluation presents the criteria that the Disability Determination Service (DDS) must consider when determining an applicant's eligibility. It discusses the process used for the determination called sequential evaluation.

Module 6: Medical Information on HIV and the "Listings" provides training participants with a general introduction to the Disability Evaluation Under Social Security (also called the 'Blue Book' or the 'listings') with which the DDS evaluates impairment resulting from illness. It presents information regarding working with individuals and presenting medical information for people who have specific HIV/AIDS-related opportunistic diseases and provides an overview of the listing for mental illnesses.

Module 7: Co-Occurring Disorders discusses the challenges of evaluating and documenting co-occurring substance use disorders, HIV/AIDS, and other disorders. It explains the legal changes that govern this evaluation.

Module 8: Collecting the Medical Evidence: The Usual Process presents the typical medical evidence collection process that occurs. Participants will brainstorm about how they can collect such information more effectively and identify sources of medical evidence in their communities. This module also incorporates a discussion of consultative evaluations

Module 9: The New and Improved Process builds on Module 8 to create a practical and enhanced guide for collecting and submitting the medical evidence to the DDS in a more efficient, complete, and effective manner. It also outlines agreements with SSA and DDS that facilitate communication and rapid determinations.

Module 10: Interviewing and Assessing expands the discussion on engaging and interviewing begun in Module 2. This module focuses on the ongoing and investigative nature of interviewing and assessment, particularly as it pertains to assessment for the purposes of understanding and developing information for SSI/SSDI. It describes the interviewing and

evaluation needed for case managers to understand fully the histories of people they serve, the issues they face, and the impact of both histories and current situations on people's day-to-day lives.

Module 11: Functional Information introduces areas of functional information that SSA and the DDS use to review and evaluate an applicant's eligibility and examines the link that a case manager needs to establish between these functional areas and an applicant's medical problems.

Module 12: Writing Functional Descriptions builds upon the knowledge gained from the previous module, focusing on using the functional information an individual provides to write functional responses for each applicable area.

Module 13: The Full Picture: The Medical Summary Report is the culmination of the information presented in previous modules. Participants learn to take the personal, medical, and functional information about an applicant and create a comprehensive medical summary report for submission to the DDS.

Module 14: QMB, SMLB, and QI-1: Supplemental Medicaid Programs discusses some of the Medicaid programs that are designed to supplement Medicare beneficiaries, mainly: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Beneficiaries (SLMB), and Qualifying Individuals (QI-1).

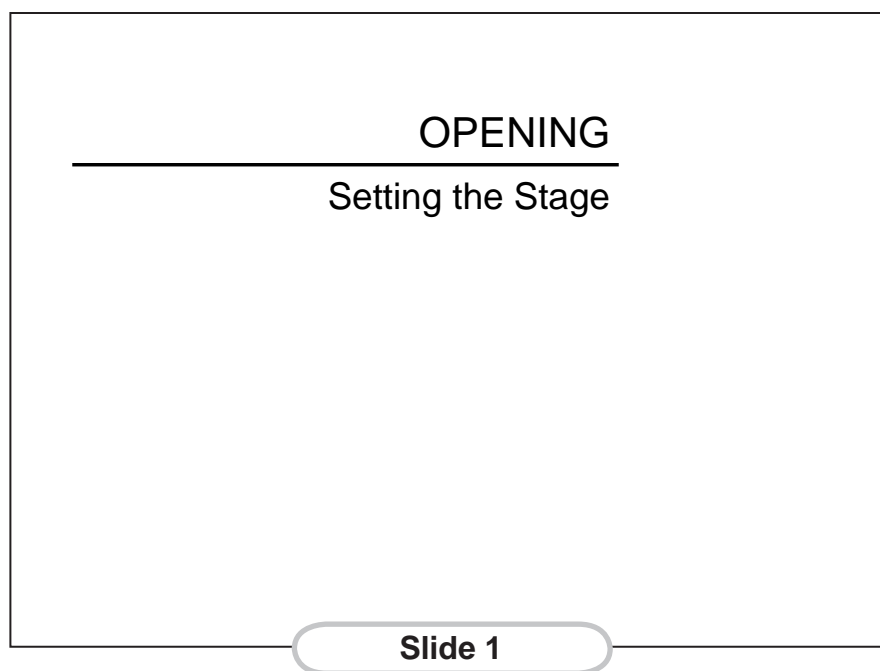
Module 15: Work, Work, Work presents an overview of work incentive programs available to recipients of SSI and SSDI so that once individuals are receiving benefits and achieving some stability, a case manager can help guide them through those next steps of employment and more successful community living.

Closing The closing module summarizes the curriculum and provides an opportunity for individuals to consider next steps.

The Appendices

- **Additional SSA Disability Application Forms** — these are additional application-related forms
- **Sample Medical Summary Reports** — that pertain to individuals who have disabilities not HIV-related
- **Video Simulated Interview** — a role play of an assessment with a woman who has a serious mental illness to illustrate interviewing techniques rather than a specific type of disability. To obtain a copy of this video please send an email with your name and mailing address to soar@prainc.com.
- **Glossary** — definitions of terms used in this curriculum
- **For More Information** — a bibliography of resource materials, both print and electronic

The authors of these training materials believe that assisting individuals to access SSI and/or SSDI is rewarding, satisfying work that can help people achieve greater stability and success. The underlying value is that these benefits help individuals to meet basic needs and to consider what else they may want in life. These benefits are not an end point, but rather a beginning. Working with individuals along their path to additional successes enriches both the lives of those assisted and those providing such service.



Introduction

In this module, the topic is introduced, the purpose and focus of the training is established, and logistics are clarified.

Module Topics

- Welcome
- Introductions
- Introduction to the Program
- Starting a SSI/SSDI Community Initiative
- Expectations and Program Agenda
- Pre-Test

Welcome!

Stepping Stones to SSI and SSDI

A Training Curriculum for Case Managers Assisting Adults
Who Have HIV/AIDS with Social Security Disability
and Supplemental Security Income Applications

Slide 2

Introduction to the Training

- This curriculum focuses on using SSI/SSDI benefits as tools in meeting basic needs and stabilizing a person's life
- This curriculum advocates for a much more active role for case managers

Update on Existing SOAR-Related Efforts

Setting up a Community Initiative

**U.S. Department of Housing and Urban Development
Housing Opportunities for Persons with AIDS (HOPWA)**

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Acknowledgments

- This curriculum is sponsored by the Housing Opportunities for Persons with AIDS (HOPWA) program in the Office of HIV/AIDS Housing within the US Department of Housing and Urban Development
- This program was developed by the Center for Urban Community Services, the Advocacy and Training Center, and Policy Research Associates, Inc. under contract to HUD

Introductions

- Training Team
- Program Participants: Please tell us
 - Your name
 - Agency where you work
 - Role within the agency
 - How long you've worked with people with HIV/AIDS
 - Your experience with the SSI/SSDI application process

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Introductions

What is HIV?

- HIV vs. AIDS
- How does a person get HIV?
- Costs and challenges of living with HIV/AIDS

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HIV vs. AIDS

How Does a Person Get HIV?

Housing Opportunities for Persons With AIDS (HOPWA)

- Established in 1992
- Provides housing support to low-income people with AIDS
- Administered by Office of HIV/AIDS Housing within HUD
- Provides funding to grantees across the country
- Has defined eligibility criteria

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HOPWA Program Description

- Provides housing support to low-income individuals who have HIV/AIDS

HOPWA Eligibility Criteria

To be eligible for HOPWA, an individual must

- Be certified by a healthcare professional as having HIV or AIDS; information is protected in a confidential manner

- Be low-income (income less than 80 percent of area median income)

The Challenge

- SSI/SSDI application process is complex
- SSA's definition of disability is stringent
- Medical criteria are very specific
- Having HIV/AIDS does not mean eligibility

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SSI/SSDI Application Process Is Complex

SSA's Definition of Disability Is Stringent

Having HIV/AIDS Does Not Mean One Is Necessarily Eligible

We Know What Is Possible...

- Approval rates of 60-95% on **initial application** for homeless applicants
- In an average of 93 days

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This Approach Works

HOPWA SOAR: A Different Approach

- Benefits are tools that contribute to quality of life and stable housing
- Meet basic needs through income, housing, treatment, and other services
- Values of choice and respect
- Active role by community staff leads to quicker, more effective decisions
- Community staff are agents of hope

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A Different Approach

Goal, Objectives, and Strategies

- Overarching goal:
 - To expedite and increase the number of successful SSI/SSDI applications for eligible applicants
- Objectives:
 - Infrastructure building
 - Case manager has key role
- Strategies:
 - Collaboration and coordination
 - Communication

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Overarching Goal

- To expedite and increase the number of successful applications for SSI and SSDI for eligible applicants

Objectives

Strategies

Why a Community Initiative?

- Collaboration and communication are key to success
- Collaboration and communication involve
 - SSA & DDS
 - Community health and other service providers, including hospitals
 - Housing partners
- Creating a supportive infrastructure facilitates the application process

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Collaboration and Communication Are Key To Success

Starting a Community Initiative Benefits

Applicants
Case Managers
Agencies
Communities

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Benefits For Applicants

Benefits For Case Managers

Benefits For Agencies

Benefits For Communities

Steps to Start a SSI/SSDI Community Initiative

- Identify someone to be the “lead”
- Identify community agency partners
- Involve SSA and DDS in planning
- Meet regularly to work out plan of action
- Schedule training(s)
- Track outcomes
- Request technical assistance as needed

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Steps to Start a SSI/SSDI Community Initiative

Strategies To Discuss with SSA and DDS

Strategy	SSA	DDS
Flag cases as "HOPWA"	✓	✓
Assign claims representatives (SSA) or disability examiners/adjudicators (DDS) to HOPWA SOAR applications	✓	✓
Provide training to community staff to complete SSI application (SSA-8000) on an outreach basis	✓	
Maintain ongoing contact with assigned DDS examiners to coordinate development of information for claim		✓
Ask SSA and DDS staff to attend trainings	✓	✓
Offer to train SSA or DDS staff on issues faced by persons with HIV/AIDS	✓	✓

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Strategies To Discuss with SSA and DDS

Components of Implementation for SOAR-Trained Staff

- Become the applicant's representative (*Module 3*)
- Submit applications electronically (*Modules 4 and 8*)
- Obtain treatment records (*Module 9*)
- Obtain needed assessments (*Modules 8 and 9*)
- Write Medical Summary Report (*Modules 7 - 13*)
- Record decisions in data base

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Components of Implementation for SOAR-Trained Staff

Components that Case Managers and Other Staff Need To Do Are:

- Become the applicant's representative (Module 3)
- Submit applications electronically (Modules 4 and 8)
- Obtain treatment records (Module 9)
- Obtain needed assessments (Modules 8 and 9)
- Write Medical Summary Report (Modules 7 - 13)
- Record outcomes of decisions on applications

**Training Materials:
Participant Guide and Manual**

***Stepping Stones to SSI and SSDI Participant
Guide***

- Table of Contents
- Modules
- Sample SSA Forms
- Sample Medical Summary Reports
- Video
- Glossary

Stepping Stones to Recovery Manual

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Participant Guide

Stepping Stones to Recovery Manual

Training Methods

Information

Discussion

Questions

Activities and Exercises

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Training Methods

Details on the Training

- Logistics
- Process
- Values and Language
- Parking Lot
- Certificates and CEUs

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Details on the Training

Expectations

Please tell us...

Your first name

One thing you would like to learn or discuss
about helping people with HIV/AIDS to apply
for SSI/SSDI

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Introduction

The trainers would like to take a few moments to find out what the group's expectations are for the next two days and to clarify what is planned for the training

Agenda

- Overview of Social Security Disability Programs
- Non-Medical Information
- Medical or Disability Information
- Interviewing and Assessing for SSI/SSDI
- Developing Medical and Functional Information
- Medical Summary Report
- Supplemental Medicaid Programs
- Work Incentives

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Agenda

Getting Started ...

Pre-Test

- Purpose: To measure the effectiveness of the training curriculum, not the knowledge of participants
- No names please
- Individual activity

Post-Test at end of training program

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Pre-Post Tests

HOPWA SOAR Initiative
COMMUNITY PROVIDER AGREEMENT
FOR
Service Providers (SP) Assisting with SSI/SSDI Applications

The HOPWA SOAR Service Provider will:

- (1) Send staff to a *Stepping Stones to SSI and SSDI* training.
- (2) To the extent possible, collaborate with agency physicians/psychologists to provide pro bono evaluations or collaborate with other agencies and universities to do so prior to submission of complete packet of information.
- (3) Complete the SSA-1696 Appointment of Representative form for staff to serve as the applicant's representative for the purpose of applying for SSI/SSDI.
- (4) Actively support staff who assists individuals with SSI/SSDI applications to develop the documentation necessary to ensure successful SSI/SSDI applications.
- (5) SSI/SSDI applicants will not be charged a fee nor will payment be expected from retroactive benefits for services associated with filing SSI/SSDI applications under HOPWA SOAR. This does not preclude charging Medicaid or another third party should this be possible.
- (6) Establish relationships with local medical provider medical records departments and with other local health providers to obtain needed documentation to support SSI/SSDI claims.
- (7) Maintain communication with all service providers working with an individual in order to obtain any additional documentation and to develop any missing information.
- (8) Track outcomes of applications (# of applications submitted, decisions, time periods, etc.) for all adults served under this initiative.
- (9) Each service provider will designate a liaison who will be responsible for overseeing the SOAR initiative in his/her agency. The liaison is the one who will coordinate the SOAR initiative for the agency.

Service Provider Agency Name: _____

Agency Executive Director (signature) Date

Agency SOAR Liaison's Name (please print) Phone E-mail Address

Sample SOAR Referral and Application Process

(to be discussed with SSA field, district or area offices)

1. The SOAR Service Provider identifies an individual as a potential SSI/SSDI applicant.
2. The SOAR Service Provider will:
 - Have the potential applicant complete and sign a *SOAR Consent for Release of Information* (see attached).
 - Fax the completed/signed *SOAR Consent for Release of Information* to the designated SSA office contact person.
3. The local SSA office contact person will:
 - Determine if the applicant has an application/appeal pending or is currently receiving SSI/SSDI benefits.
 - Annotate the applicant's SSA status and fax the *SOAR Consent for Release of Information* back to the SOAR Service Provider within 2 business days.
 - If there is no application/appeal pending, the SSA local contact will treat the *SOAR Consent for Release of Information* as intent to file a claim and protect the filing date by establishing a LEAD in SSA's system. The date of the faxed form will be considered the protective filing date for the application. In addition, the faxed form will be the Service Provider's receipt for the establishment of the protective filing date.
4. In preparation for the submission of the entire application packet to SSA, the SOAR Service Provider will:
 - Collect all necessary information for the application, including the 3368 Disability Report so as to begin to develop the claim.
 - Collect all possible medical records for submission.
 - Review the records for any missing information or the need for further explanation.
 - Review the list of documentation that must be submitted and begin to prepare for that submission.
5. Within a *maximum* of 60 days of the protective filing date, the SOAR Service Provider will submit the following to **the local SSA office contact**. (NOTE: The on-line forms are completed and submitted at the same time the paperwork is turned into SSA). It is **strongly recommended** that the SOAR Service Provider hand-deliver this paperwork to the local SSA contact rather than mailing it so as to expedite the process.

INITIAL CLAIMS:

- A completed SOAR Checklist (see attached).
- A completed SSA-8000, SSI application, along with any needed supportive documentation. Any questions that the SOAR SP has regarding the completion of the 8000 should be asked of the local SSA contact as the application is being completed.
- Submission of the Internet Social Security Benefit Application (ISBA), which is the on-line SSDI application. The ISBA is only considered to be complete when the applicant is present to click and sign. The Service Provider can assist applicants in the completion of the ISBA, but the applicant must electronically sign it. If access to the internet is unavailable, SOAR Service Provider may submit the paper SSA-16 (SSDI application) along with the SSI application. It is assumed that both applications will be completed.

- The Internet Disability Report (IDR), i3368. If access to the internet is unavailable, SOAR Service Provider may complete and submit the paper SSA 3368 Adult Disability Report.
 - Printed/signed/witnessed SSA-827s, SSA Releases of Information.
 - The completed SSA-1696 Appointment of Representative form.
 - If applicant is HIV+, the SSA 4818.
 - SSA-3373 (if the individual is homeless AND the Service Provider is not submitting a SOAR-recommended medical summary report that incorporates functional information per the SOAR training, this form must be completed as part of the packet. With the SOAR-recommended medical summary report, this form is not necessary.)
6. At the same time that the above application information is submitted, the SOAR Service Provider will also submit:
 - Any medical records that the SOAR Service Provider has from his/her own agency.
 - Any medical records that the SOAR Service Provider collects from other agencies/medical providers according to the SOAR training.
 - Any collateral or other relevant information.
 - The written and co-signed medical summary report in accordance with the SOAR training and process.
 7. From the protective filing date to the submission of the above information, the SOAR Service Provider will consult with the SSA representative and the DDS contact with any questions. After submission of all the materials, the SOAR Service Provider will maintain at least bi-weekly contact with the assigned DDS examiner to ensure rapid response as needed to any additional questions or requests for information.
 8. After receipt of the claim package, SSA enters the SSA-8000 in MSSICS along with the forms from the checklist, and propagates the IDR in EDCS. If a Title II claim is filed, SSA will propagate the ISBA info into MCS and process the claim. SSA will call the SOAR Service Provider with any questions. [Note: The acronyms in this section are SSA specific for SSA's computer system. Service providers need not be concerned with these].
 9. SSA mails the claim receipt to the SOAR Service Provider liaison.
 10. The SSA representative enters an electronic "HIV/AIDS" flag. In addition, the SSA representative selects MESSAGE, and adds "SOAR PROJECT." Both actions must be taken to properly flag and alert DDS. The SSA-827s are mailed to DDS. (For appeals, the folder is sent to either DDS or OHA, whichever is applicable.)
 11. Upon receipt in the DDS, flagged claims will be sent to the DDS liaison identified for the assignment of the application to an examiner. The DDS liaison will notify the Service Provider liaison that the case has been assigned to an examiner at the DDS and will provide the examiner's contact information. The SOAR Service Provider is encouraged to contact the claims examiner early in the process to identify him/herself and offer assistance. The claims examiners will contact the SOAR Service Provider if assistance or additional information is needed to develop the claim.
 12. Decisions from DDS and OHA are processed using current procedures.

SOAR CHECKLIST

DATE: _____ FIELD OFFICE CODE: _____

CLAIMANT'S NAME: _____ SSN: _____

Initial Claim

- SSA 8000 Application for Supplemental Security Income (paper form)
- Internet Social Security Benefits Application (ISBA), the Internet SSDI application (or SSA-16 if a paper application is submitted) – Submitted on _____
- Internet Disability Report 3368 -- ADULT – Submitted on _____
- SSA 3373 Function Report – Adult (only if homeless) (This form is needed **only if** a medical summary report according to the SOAR training is **NOT** submitted.
- SSA 1696 Appointment of Representative
- SSA 827 Authorization to Disclose Information to SSA
- SSA 4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection, if applicable

Data Entry

- Data will be entered per the protocol decided by, or provided to, the Service Provider.



SOAR

Consent for Release of Information

Sign this form only if you want the Social Security Administration to give information or records about you to _____ (service provider).

TO: Social Security Administration fax _____ Local SSA Office _____

Customer's Name _____

Date of Birth _____ Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

___ No Record ___ Supplemental Security Income ___ Social Security Disability Income

___ Terminated Record _____ SSI Date Terminated _____
MMDDYY

Current Claim Status

___ **SSI Claim Pending:**

Initial Claim Date Filed _____
Reconsideration Date Filed _____
Hearing Level Date Filed _____

___ **SSDI Claim Pending:**

Initial Claim Date Filed _____
Reconsideration Date Filed _____
Hearing Level Date Filed _____

___ **SSI Claim Denied:**

Initial Claim Date Denied _____
Reconsideration Date Denied _____
Hearing Level Date Denied _____

___ **SSDI Claim Denied:**

Initial Claim Date Denied _____
Reconsideration Date Denied _____
Hearing Level Date Denied _____

(Circle One)

Denial Reason: Medical Non-Medical Other

Denial Reason: Medical Non-Medical

Other _____

Allowance

___ SSI: Eligibility date _____ ___ SSDI: Eligibility date _____

SSA Claims information was provided by: _____

(SSA Liaison)

Date of Response _____

Telephone Number: _____

SSA Field Office Code: _____

Service Provider: _____

Customer's Name: _____

Date of Birth: _____ Social Security Number: _____

I authorize SSA to release the dates and status of my Social Security Disability Insurance and/or Supplemental Security Income application(s), to:

(Service Provider) (fax #)

This consent for release of information is in effect from _____ to _____ (not to exceed 1 year).
(MMDDYY) (MMDDYY)

I want this information released because I am pursuing entitlement to Social Security disability programs.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information that I provided on this form and that it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____ Relationship: _____
(Below, show signatures, names, and addresses of two people if signed by mark.)

Date: _____

Witness #1

Witness #2

(Print Name)

(Print Name)

(Signature)

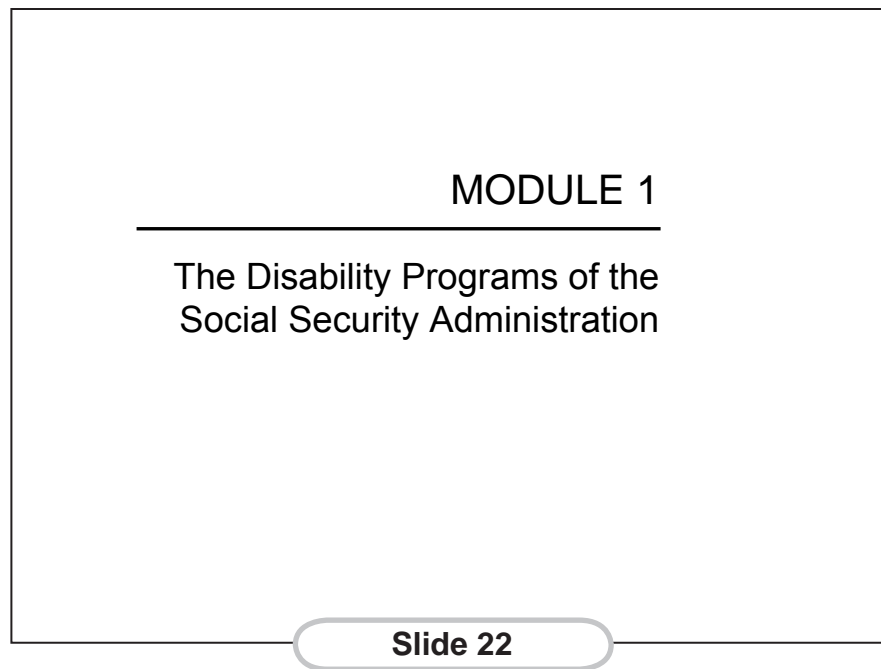
(Signature)

(Address)

(Address)

(City, State, and Zip code)

(City, State, and Zip code)



MODULE 1

The Disability Programs of the
Social Security Administration

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Introduction

While SSI and SSDI have many similarities, they also have striking differences in benefits offered and in application procedures. This module examines the similarities and differences between the two programs.

Module Topics

- The Disability Programs of the Social Security Administration
- Discussing SSI/SSDI: Exercise A
- A Brief History of SSA Disability Programs
- SSA Disability Benefits — Similarities and Differences

**What are the two disability
programs offered by the
Social Security Administration?**

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Supplemental Security Income (SSI)

Federal disability program, administered by SSA, that provides benefits to low income people who are disabled, blind, or elderly

Social Security Disability Insurance (SSDI)

Federal disability program, administered by SSA, that provides benefits to blind or disabled individuals who are “insured” based on contributions paid into the Social Security trust fund, as authorized by the Federal Insurance Contributions Act (FICA)

Slide 24

Supplemental Security Income (SSI)

is a Federal disability program, administered by the Social Security Administration (SSA), that provides benefits to low income people who are disabled, blind, or elderly.

Social Security Disability (SSDI)

is a Federal disability program, administered by SSA, that provides benefits to blind or disabled individuals who are “insured” based on contributions paid into the Social Security trust fund, as authorized by the Federal Insurance Contributions Act (FICA).

<h3>Discussing SSI / SSDI</h3> <p>TRAINING EXERCISE A</p>	
<p>Opportunities</p>	<p>Challenges</p>
<div style="border: 1px solid black; border-radius: 10px; display: inline-block; padding: 5px 15px;">Slide 25</div>	

TRAINING EXERCISE A – DISCUSSING SSI/SSDI

Opportunities and Challenges

Instructions

- 1. List the kinds of opportunities afforded by receiving SSI or SSDI.

- 2. List some of the challenges and obstacles people face in pursuit of these benefits.

Disability (SSA)

Impairments must affect a person's ability to work.

“inability to engage in any substantial gainful activity (SGA)...”

Slide 26

Disability

- For SSA to consider a person to be disabled, the person's impairment(s) must affect his or her ability to work
- Social Security Administration defines disability as
 - *The inability to engage in any substantial gainful activity (SGA)*
 - *Because of a medically determinable physical or mental impairment(s)*
 - *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.*

A Brief History of SSA Disability Programs

1935 – Law establishes Social Security

1937 – Benefit payments for retirement begin

1942 – Monthly payments begin

1956 – SSDI signed into law

1965 – Medicare established, officially begins on
July 1, 1966

1972 – SSI is established

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Brief History of SSA and Its Disability Programs

This brief history of SSA disability programs' beginnings is important because it provides a context for each change in the program.

SSA Disability Benefits – The Similarities

Definition of Disability
Substantial Gainful Activity (SGA)
Application Process
Health Insurance
Medical Criteria

Slide 28

SSA Definition of Disability

- Person is disabled if he or she cannot engage in substantial gainful activity
- By reason of any medically determinable physical or mental impairment (or combination thereof)
- 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

Substantial Gainful Activity (SGA)

- Work that is both “substantial and gainful”

- Involves doing significant and productive physical or mental activities
- “Gainful” – work activity for pay or profit, even if profit is not realized

Application Process

- Involves two types of information, non-medical and medical
 - Non-medical – different requirements for SSI or SSDI
 - Medical – similar requirements for both programs
- SSA makes the non-medical determination
- Disability Determination Services (DDS)
 - State agency that contracts with SSA separately in each State
 - Makes the medical determination

Health Insurance

Medical and Functional Criteria

Yearly Updates

- SGA’s monthly gross earnings amount changes every January1; visit <http://www.socialsecurity.gov> or <http://www.prainc.com/soar> for updated amounts

SSA Disability Benefits – The Differences

Supplemental Security Income (SSI)	Social Security Disability Insurance (SSDI)
Benefit for disabled, elderly, and blind individuals who have very low income	Benefit for insured individuals (or certain relatives)
Benefit amount is the Federal Benefit Rate (FBR), plus available State supplement	Benefit amount based on FICA contributions
Limits on assets/resources	No limits on assets/resources
Living arrangement may affect benefit amount and eligibility	Living arrangement has no effect on benefit amount or eligibility
Medicaid eligibility usually comes with SSI	Medicare eligibility usually comes after two years of SSDI benefits
Eligibility usually begins the 1 st of the full month following the date of application OR protective filing date	Eligibility generally dependent on date of onset of disability
Work incentives usually apply immediately after work begins	Work incentives allow for 9-month Trial Work Period (TWP) during which full benefits are received

Slide 29

Summary of Differences Between SSI and SSDI

- Non-medical eligibility criteria differ between programs
- Amount of benefits is calculated differently
- Health insurance tied to each program is different
- Date of eligibility is computed differently
- Work incentives are different

Summary

- People often confuse the two types of disability benefits of the Social Security Administration
- SSI and SSDI are separate disability benefits with significant differences
- Benefits are a tool—a means of helping a person stabilize his or her life

Slide 30

Summary

- People often confuse the two types of disability benefits from the Social Security Administration
- SSI and SSDI are separate benefits with significant differences
- Benefits are a tool—a means of helping a person stabilize his or her life

Handy Tips

For Up-to-date Information

- Visit the Social Security web site at <http://www.socialsecurity.gov>
- Visit the SOAR web site at <http://www.prainc.com/SOAR>
- Find out more about Medicare at <http://www.Medicare.gov>
- Find out more about HIV/AIDS and HOPWA at <http://www.hud.gov/offices/cpd/aidshousing/programs>

Supplementing the Federal Benefit Rate

- Some States supplement the Federal benefit payment, called the Federal Benefit Rate, for SSI
- These supplements may be administered by SSA or by SSA and the State
- A few states supplement SSI in particular living situations; check with local SSA offices for information

The following information for State supplements is current as of 2009:

SSA Administered States			
<i>In these States, SSA administers any State supplement to the Federal Benefit Rate.</i>			
California	Massachusetts	New Jersey	Rhode Island
District of Columbia	Montana	Pennsylvania	Utah
Hawaii		Nevada	

SSA and State Administered States			
<i>In these States, both SSA and the State administer any State supplement to the Federal Benefit Rate.</i>			
Delaware	Michigan	New York	Washington
Iowa		Vermont	

Medicaid Eligibility

When determining Medicaid eligibility, the following States require information and/or applications beyond the SSI application:

SSI Criteria States			
<i>SSI criteria States use SSI eligibility criteria for Medicaid; beyond these criteria, these states may make their own Medicaid determinations or ask SSA to determine eligibility.</i>			
Alaska	Kansas	Nevada	Oregon
Idaho	Nebraska	North Mariana	Utah

209(b) States			
<i>209(b) States use at least one criterion that is more restrictive than the SSI program's criteria for determining eligibility.</i>			
Connecticut*	Indiana	New Hampshire*	Oklahoma
Hawaii	Minnesota	North Dakota	Virginia
Illinois	Missouri*	Ohio	
<i>*State does not include individuals who are not blind and who are under the age of 18 in its definition of disability.</i>			

Benefits are not an end point, but rather a tool in recovery — a means of helping people gain stability in their lives.

MODULE 2

Engaging the Applicant who has HIV/AIDS

Slide 31

Introduction

Completing applications for SSA disability programs can be overwhelming – especially for a case manager who is struggling to assist dozens of people, each with unique situations, problems, needs, and abilities. Navigating the application process while maintaining sensitivity to each person may often seem difficult.

Although this curriculum specifically focuses on the HIV aspects of a person's life as they are considered by SSA and DDS, many individuals have additional challenges, including homelessness, mental illnesses, trauma, and involvement with the criminal justice system. Those who assist applicants must also recognize and understand how all factors and illnesses contribute to a person's disability, not limited to HIV.

With only so many hours in a day, how can a case manager devote the time necessary to each individual? How can a case manager elicit very personal information from individuals who often are mistrustful of people they do not know well?

This module provides strategies for helping a case manager engage individuals by creating a comfortable, safe, and welcoming environment where individuals can talk without feeling threatened. Effective engagement can make the process of gathering information for an application much easier.

Module Topics

- Having HIV/AIDS: A Visualization
- Potential Roles of a Case Manager / Outreach Worker
- Creating a Comfortable and Safe Environment
- Engagement Tips — Offering Respect, Choice, and Control
- Characteristics That Develop Trust
- The Impact of HIV/AIDS: A Discussion

**Having HIV/AIDS:
A Visualization**
TRAINING EXERCISE B

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Introduction

Before discussing engagement with an individual, those providing outreach to adults who have HIV/AIDS must first begin to understand the experience of having the virus and its impact.

Potential Roles: Case Manager / Outreach Worker

Contact Person

- Central point of contact
- Helps complete SSI or SSDI application
- Helps SSA and DDS obtain information

Representative

- Provides same functions as “contact person” above
- Has legal authorization to act on behalf of applicant

Representative

- Responsible for assistance with budgeting and managing SSI/SSDI benefits
- Usually at agency level, not individual case manager

Slide 33

Contact Person

- People who have HIV/AIDS often are denied benefits because SSA requires more information

Representative

Representative Payee

The Impact of HIV/AIDS: A Discussion

TRAINING EXERCISE C

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Exercise C: Impact of HIV/AIDS: A Discussion

Introduction

When people are diagnosed with HIV/AIDS, not only are they facing a life-altering and threatening illness, but they often also face a great deal of stigma. Let's take a look at the additional groups of people whom we see often in the HIV/AIDS population and think about what the impact might be for them as well as the groups represented in the visualization.

Understanding the impact of this virus and its associated illnesses on different populations helps us consider what needs to be in place to create a safe and comfortable environment.

Creating a Comfortable and Safe Environment

Goal

To provide access to benefits and services for those who are eligible

Key

- Create a relationship that offers respect, choice and control in a culturally competent manner
- Factors that help to create a comfortable and safe environment

Slide 35

Goal – Providing Access to Benefits and Services for Those Who Are Eligible

- The goals are to assist persons who are eligible to acquire benefits, to connect them to services, and most importantly, to provide hope

Key – Create a Relationship that Offers Respect, Choice, and Control

- For complete and accurate information to be elicited as quickly as possible, a case manager needs to create an environment where the person feels comfortable, safe, and respected

Elements of a Comfortable Environment

To feel comfortable with another person, an individual needs to:

- Be treated with respect and dignity
- Be greeted warmly, allowing for personal space and the option not to respond
- Offer a handshake and the opportunity to accept or reject it
- Be asked how he or she wants to be addressed
- Know the purpose of the contact
- Have his or her basic needs addressed
- Be able to ask questions and receive clear answers
- Have choice as to if, where, and when he or she meets
- Be given time to get to know the other person
- Be clear on what the next steps are

Slide 36

Creating a Comfortable Environment

When a case manager can create a comfortable environment, an individual is more likely to feel safe and willing to share what are — potentially — very personal life experiences.

- To Be Treated with Respect and Dignity
- To Be Greeted Warmly, Allowing for Personal Space and the Option Not to Respond
- To Be Offered a Handshake and the Opportunity to Accept or Reject It
- To Be Asked How He or She Wants to Be Addressed
- To Know the Purpose of the Contact To Have His or Her Basic Needs Addressed

- To Be Able to Ask Questions and Receive Clear Answers
- To Have Choice About Meetings
- To Be Given Time to Get to Know the Case Manager
- To Be Clear About What the Next Steps Are

Maintaining Contact

- Emphasize importance of staying in touch
- Verify the person's address and contact information
- If homeless or at risk of homelessness, ask the person where he or she spends time
- Ask about others in a person's life and ask for permission to contact them if needed

Slide 37

Maintaining Contact

- Inform the individual of the importance of staying in touch
- Verify the person's address and contact information
- Ask for the best way to reach the person
- If homeless or at risk of homelessness, ask the person where he or she spends time
- Find out if there are others with whom the individual has regular contact
- If so, ask for a signed release to contact others if needed

Engagement Tips

Introductions

- Have someone introduce you
- Approach in an open manner, speak softly, be clear
- Introduce yourself
- Ask how the person prefers to be addressed

First Meeting

- If person is homeless or in a dire situation, bring food, drink or clothing
- Gather information
- Give the person space
- Pay attention to the time

Return Visits

- Ask the individual if you can talk again
- Follow through – underpromise and overdeliver!
- Return when you say you will
- If person is homeless or in a dire situation, bring something each time

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Introductions

- Have someone introduce you
- Approach in an open manner, speak softly and be clear
- Introduce yourself
- Ask how the person prefers to be addressed

First Meeting

- Gather information – as much as possible to ensure maintaining contact
- Space
 - Make sure to give the person some physical space, so that he or she does not feel uncomfortable
- Pay attention
 - To the amount of time you are spending and the individual's reaction to the interaction
 - Refrain from asking too many questions, too soon

Return Visits

- Ask the individual if you can talk again
 - This allows for choice
- Follow through – underpromise and overdeliver!

Care-acteristics That Develop Trust

Compassion

Assurance

Respect

Empathy

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Compassion

Assurance

Respect

Empathy

Summary

- Remember the varied and difficult impact of having HIV/AIDS
- Be curious about each person's story—make no assumptions
- Address basic needs, such as housing, and immediate treatment needs as quickly as possible
- Keep in mind cultural factors and nuances

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Summary

- Having HIV/AIDS can affect a person's physical health, mental health, social interactions, and management of daily life
- Be curious, interested, genuine about each person's story
- Make no assumptions about the person or his/her life
- Address basic needs, such as housing, and immediate treatment needs as quickly as possible
- Keep in mind, ask about, and understand cultural factors and nuances

Handy Tips

Case Manager as Representative

- Case managers or outreach workers assisting with applications should become the applicant's representative by completing *SSA-1696*
- Representatives become the central point of contact, particularly for individuals that are homeless or in temporary housing
- As representatives, case managers assist with completing applications and providing SSA and DDS with information

Engagement

- Deliver what you promise!
- At the time and place promised
- Under-promise and over-deliver
- Offer only what you are sure you can provide
- Delivering these services will gain you trust
- Focus on choice and respect

Ensure Continued Contact

- At the first meeting, learn about the places where the person can be contacted, whether at an address or where they spend time
- If the person is homeless, be aware of where they eat, sleep or spend time during the day
- Find out if the person keeps in touch with anyone on a regular basis
- Ask if you can have that contact information
- Obtain a release to do so

Culture

- Be aware of cultural differences
- Particularly in regard to how the person's culture views issues impacting on his or her life (e.g., HIV/AIDS, mental illness, substance abuse, sexual orientation)
- This may alert you to issues around family and other social supports

A Varied Population

- HIV/AIDS affects people of all backgrounds regardless of race, ethnicity, and socioeconomic status
- People with HIV/AIDS may also have other disabling conditions such as mental illness and substance use disorders
- They may have histories of incarceration, domestic violence or other trauma
- Needs also vary according to gender, age and family situation (parents with children)
- People may have current problems with
 - Domestic violence
 - Family court and child custody
 - Criminal court involvement
 - Probation or parole or other legal issues

MODULE 3

The Application Process: Non-Medical Information

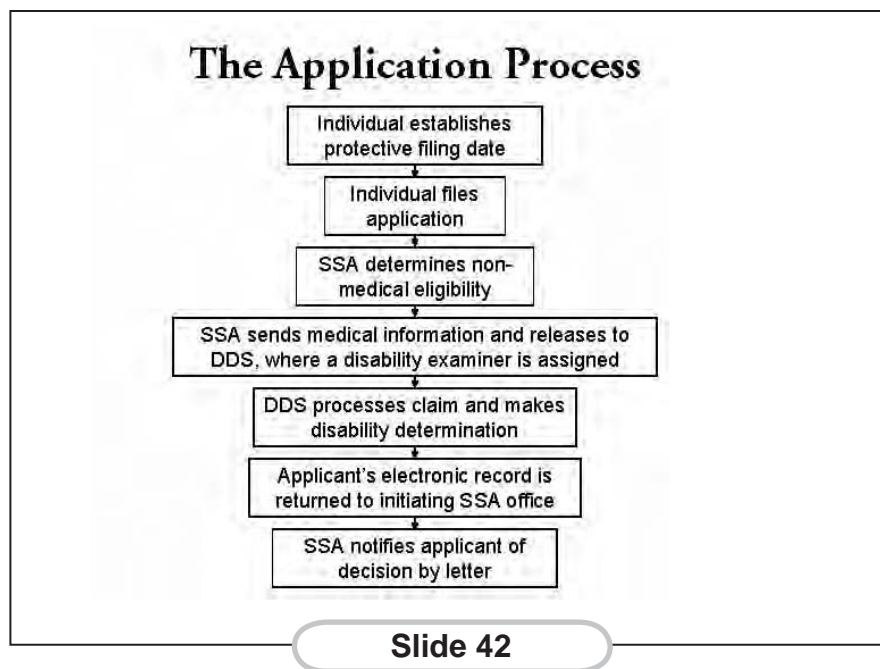
Slide 41

Introduction

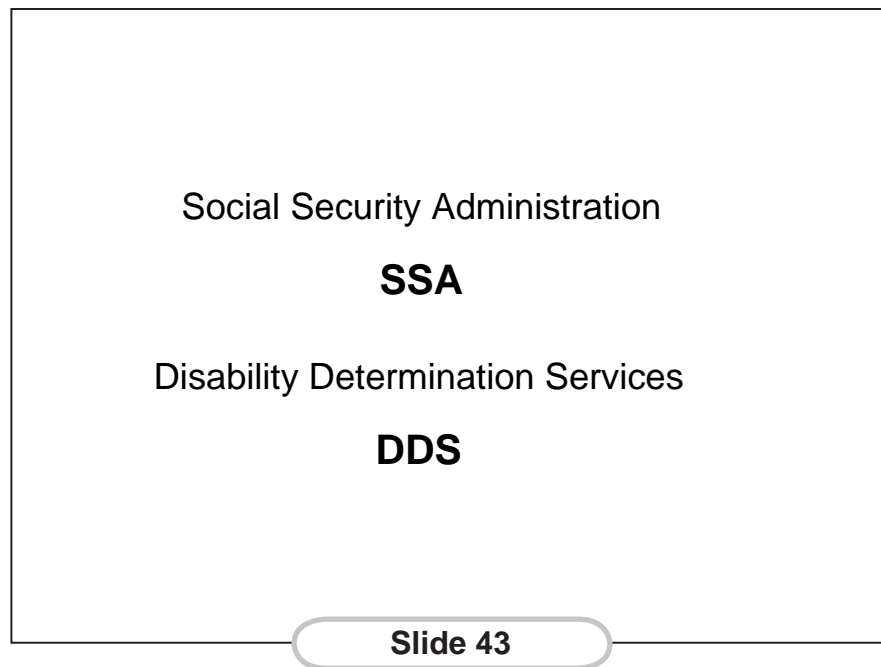
This module presents an overview of the entire application process and then focuses on the non-medical portion. It reviews the mechanics of the application process including: the different ways in which an individual can apply, the types of information required, the different forms required, and the different agencies that assess each part of the application. A strong theme throughout this module and those that follow is the case manager's or advocate's responsibility to ensure the completeness and accuracy of the information gathered and presented to the SSA. The information in Modules 3 and 4 will provide a foundation for the remaining modules in the curriculum.

Module Topics

- The Application Process, Six Steps to Completion
- How to File an Application
- Establishing a Protective Filing Date
- Non-Medical Information
- SSA Forms: SSA-8000, SSA-16, SSA-1696



The Application Process



Social Security Administration

- This is the Federal agency that provides benefits for individuals who have a disability, are blind, or who are elderly

Disability Determination Services

- DDS refers to the Disability Determination Services
- To locate a DDS office in your State:
 - Go to <http://www.ssa.gov/disability/professionals/procontacts.htm>

SSA and DDS – Collaborative Effort

SSA

- Initial contact point
- Processes non-medical eligibility criteria
- Ensures necessary forms for medical evidence collection are complete
- Forwards medical releases and disability report to DDS
- Later confirms decision

DDS

- State agency under contract with SSA
- Assesses medical evidence
- Makes a determination on disability

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Collaborative Effort

- Neither SSA nor DDS is entirely responsible for processing all aspects of the application and disability determination process

SSA

- Initial contact point

DDS

- Receives medical releases and disability report from SSA

Case Manager = Link

Protective Filing Date

- Establishing a date of first contact with SSA – Crucial!
- Date used to determine SSI eligibility
- Determines when individual can potentially start receiving benefits

Slide 45

Protective Filing Date

- The first contact between SSA and the applicant is critical when determining SSI eligibility

Establishing Protective Filing Date

- Call SSA
- Walk in to SSA
- Initiate SSDI application on-line

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Call SSA

Walk in to SSA

Begin SSDI Application On-Line

Setting the Eligibility Date

SSI eligibility = first day of the full month following date of application or protective filing date

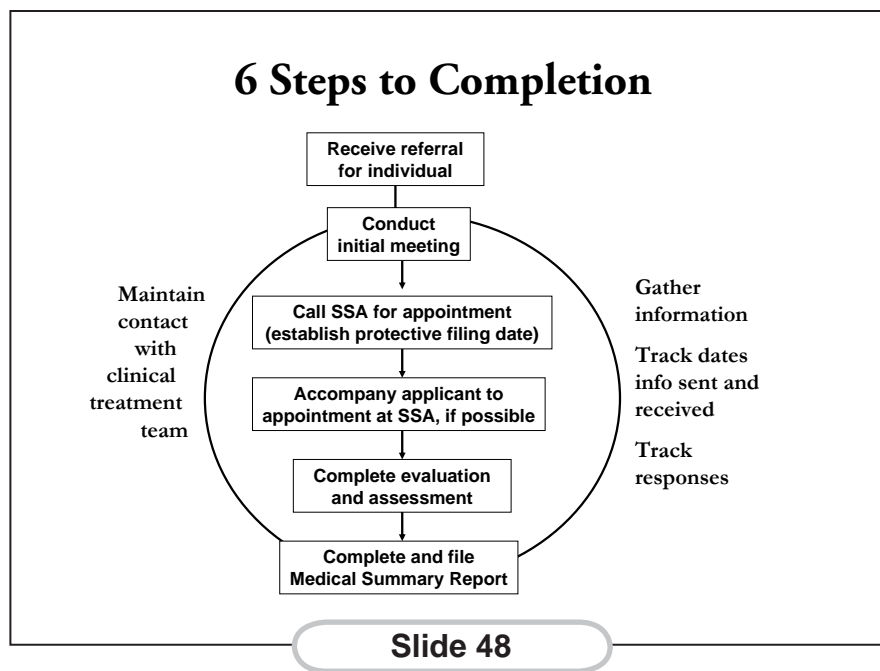
The Difference a Day Makes

Protective Filing Date	October 31
Eligibility Date	November 1 ←
Protective Filing Date	November 1
Eligibility Date	December 1 ←

Slide 47

Setting Eligibility Date

- SSA generally sets SSI eligibility as the first day of the full month following the date of application or protective filing date



Six Steps to Completion

- The case manager’s work usually precedes the first contact with SSA

Collaboration

Case Manager Tasks

How to File an Application

- Walk in without an appointment
- Schedule an in-person interview
- Schedule a phone interview
- Begin the application on-line

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How to File an Application

- Walk-in without an appointment
- Schedule an in-person interview
- Schedule a phone interview
- Begin the application on-line

Applicant Interview

- Accompany the applicant to the interview – advantages?

OR

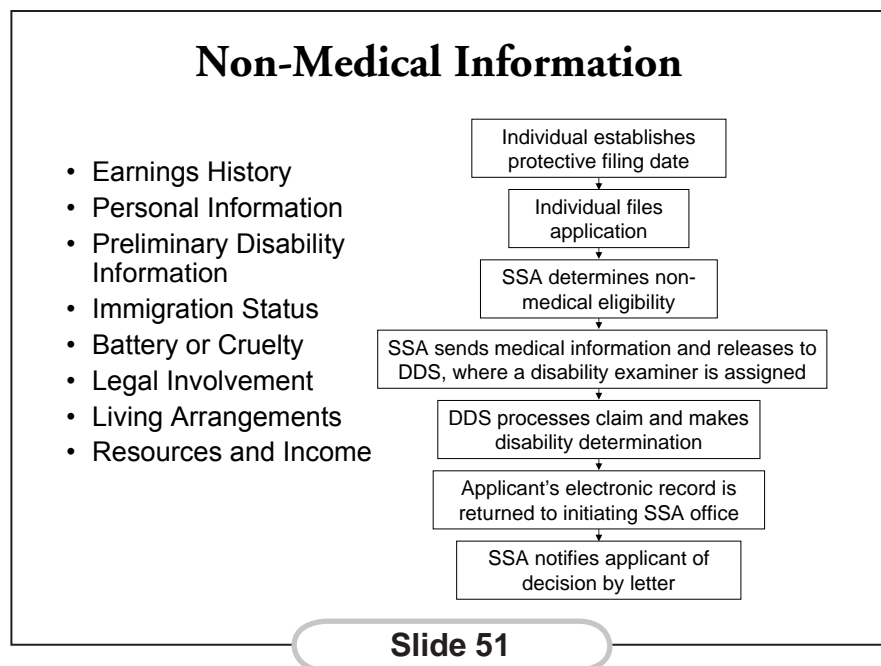
- Compile a list that applicant can present at the interview

Slide 50

Accompanying the Applicant to the Interview

Many Individuals May Feel Reluctant to Mention HIV Status on Application

Alternative – Compile a List that Applicant Can Present



Non-Medical Information

When an individual applies for SSI or SSDI, an SSA claims representative first determines the non-medical eligibility. The non-medical information is as critical as any medical evidence submitted because, if an applicant does not clear this first step, the application goes no further.

SSA Application Forms – Non-Medical

SSA-8000 Application (for SSI)

SSA-16 Application (for SSDI)

SSA-1696 Appointment of Representative
(supplemental form)

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Why Different Forms?

- SSI is based on need; SSDI is based on earnings

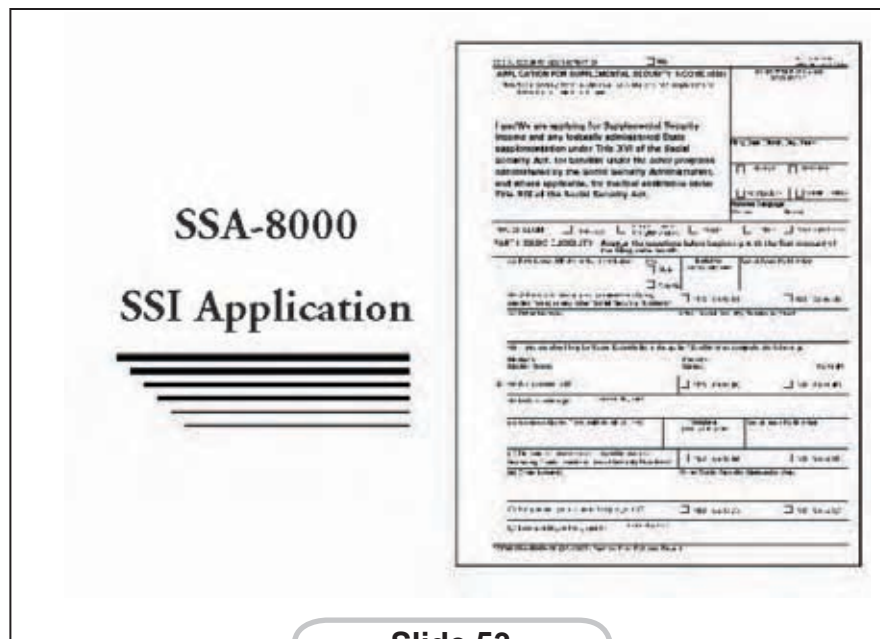
SSA-8000 for SSI

SSA-16 for SSDI

SSA-1696 Appointment of Representative

- Allows a case manager or other individual to act as the applicant's representative for the application process

Keep Copies




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SSA-8000

- Usually the SSA claims representative completes the form on the computer during an interview (in person or by phone)

SSA-8000

Citizenship and Residency





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Applying for SSI – Citizenship and Residency

An applicant who is not a U.S. citizen may be eligible for SSI benefits under one of three categories:

- **Eligible indefinitely for benefits**
 - Permanent resident immigrant who has worked 40 qualifying quarters
 - Veteran with honorable discharge
 - Active military in the U.S. Armed Forces
 - Spouse or unmarried dependent child of veteran or active military individual
 - Immigrant who was a legal permanent resident as of August 22, 1996 and became disabled after that date
- **Eligible for 9 years of benefits** (after status obtained)
 - Refugee
 - Asylee
 - Immigrant whose deportation is withheld
- **Grandfathered into eligibility**
 - Legal immigrant who resided in U.S. and received SSI prior to August 22, 1996

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Citizenship and Residency

SSI Eligibility

TRAINING EXERCISE D

Scenarios:

1. Jose – Is he eligible? Why?
2. Marianne – Is she eligible? Why?
3. Nguyen – Is he eligible? Why?
4. Sam – Is he eligible? Why?
5. Francois – Is he eligible? Why?

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TRAINING EXERCISE D: SSI Eligibility

The mini-scenarios of this exercise present the situations of potential SSI applicants. Determine whether these applicants would be eligible based on the information provided.

1. Jose arrived in the U.S. from Mexico in January 2005. He is considered to be a permanent resident and is staying with family while he works. Would Jose be eligible for SSI?

Yes No

Why? _____

2. Marianne came to the U.S. in 1995. She was injured at work and began receiving SSI in June 1996. Is she still eligible?

Yes No

Why? _____

3. Nguyen has fled persecution in China. He had been arrested after the Tiannamen Square uprising and was held for several years. After his release, he was still under surveillance. He came to the U.S. on asylee status in 2004 and has his immigration papers. Is he eligible?4. Sam arrived in the U.S. from Nicaragua in 1997 as a legal resident. In 2001, he enlisted in the U.S. Army and re-enlisted after his three years were up in 2004. Would Sam be eligible for SSI?

Yes No

Why? _____

4. Sam arrived in the U.S. from Nicaragua in 1997 as a legal resident. In 2001, he enlisted in the U.S. Army and re-enlisted after his three years were up in 2004. Would Sam be eligible for SSI?

Yes

No

Why? _____

5. Francois arrived in the U.S. from France in October 1996. As a legal resident, he was able to enlist in the U.S. Air Force. Francois had a problem with alcohol and wound up having fights in the service for which he was eventually dishonorably discharged. Is Francois eligible for SSI?


Yes

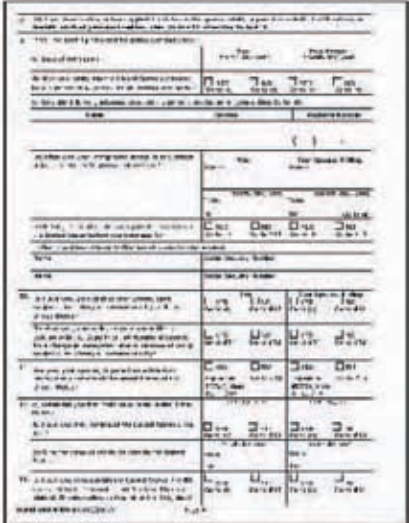
No

Why? _____

SSA-8000

Battery and Cruelty





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Battery and Cruelty: Question 10 Immigrants Only


- Inquires about history
- Asks about experiences within U.S.
- Petition Homeland Security for change in immigration status due to battery or cruelty
 - A request for such a change could make eligibility more likely
 - In these instances, discuss the situation with local SSA office

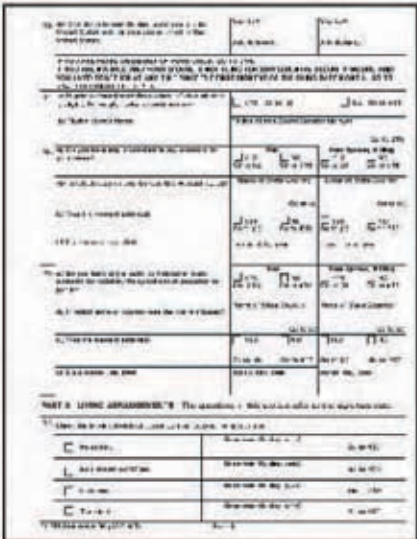
Slide 58

Battery and Cruelty: Question 10

SSA-8000

Current Legal Status





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Current Legal Status

For SSI application to move forward

- Address any outstanding felony warrants
 - Missed hearing?
- Ensure that violations of parole / probation satisfied
 - Legally filed violations only

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Current Legal Status

Legal Issues

Felony Warrants

- Must be identified and satisfied
- Felony history does not affect the application

Bench Warrants

- Minor charges, person released; later court date is set
- Person unaware of date; misses court date
- Bench warrant is then issued; a felony

Parole or Probation Violations

- Being on probation or parole will not interfere
- Only legal violation affects application

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Felony Warrants

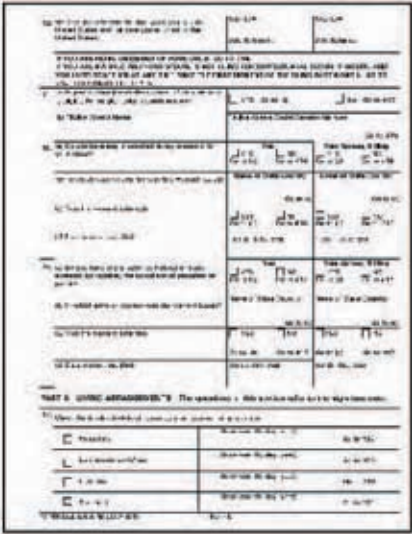
Bench Warrants

Parole or Probation Violations

SSA-8000

Living Arrangement





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Living Arrangement Can Affect Benefit

- SSI based on need
- Living arrangement affects amount
- Produce all documents at application
 - Rental agreements, leases, mortgage papers, etc.
- Four types considered
 - “A” Living Arrangement
 - “B” Living Arrangement
 - Suspended/State Institution
 - Non-State Institutions

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Living Arrangements (SSI)

“A” Living Arrangement

- Homeless
- Qualifying transitional housing
- Paying rent (including room and board, Section 8)
- Receive full monthly Federal Benefit Rate

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“A” Living Arrangement

“B” Living Arrangement

- For individuals receiving some in-kind support
 - Such as food and shelter
- Often applies to individuals living with family members
- Receive reduced monthly rate
- Approximately 2/3 of FBR

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“B” Living Arrangement

Loan Agreement Can Change “B” to “A”

- Individuals providing help expect reimbursement
 - Covered expenses are considered a loan
 - Written proof is necessary
- To change from “B” to “A”
 - Same amount must be charged as would be charged to others; stated in agreement
 - Loan status is clear
 - Applicant understands expected re-payment and signs agreement to do so
- See *Sample Loan Agreement*

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Loan Agreements Can Change “B” to “A”

Living Arrangement Will Change to “A” Only If...

Suspended/ State Institutional Setting

- SSI benefits affected if hospitalized or incarcerated in State institutional setting
 - Suspended after full calendar month
 - Terminated after 12 consecutive months
- Re-application can be made 30 days prior to discharge
 - SSA/DOC agreements
- Eligibility begins after release to community
- Upon release living arrangement is determined

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Suspended/State Institutional Setting

Non-State Institutional Settings

- Institutions where Medicaid is paying for care, such as nursing homes
- Receive \$30 SSI benefit for personal expenses only

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Non-State Institutional Settings

Determining Living Arrangements

TRAINING EXERCISE E

- Arrangement A
 - Homeless
 - Qualifying transitional housing
 - Paying rent
- Arrangement B
 - Receives some in-kind support
 - Applies to individuals living with family
- State Institution
 - State hospital
 - Jail or prison

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Training Exercise E: Determining Living Arrangements

The mini-scenarios of this exercise present the situations of SSI recipients. Determine their living arrangements from the information provided.

1. Francine stays on a street corner most of the day. At night, she goes in an emergency shelter to sleep, returning to the street corner in the morning.

What is her living arrangement? A B Suspended/State Non-State

Why?

2. Horatio stays with his mother and sister in his mother's house. He has no income. His mother is able to take care of him and willingly does so.

What is his living arrangement? A B Suspended/State Non-State

Why?

3. Fred rents a room from a landlord where he has a bed, a shared bathroom, and a microwave oven. If he gets SSI, Fred wants to get an apartment to share with his friend.

What is his current living arrangement? A B Suspended/State Non-State

Why?

What will be his new living arrangement? A B Suspended/State Non-State

Why?

4. Howard is in his 40s, has many physical and mental health difficulties, and lives in a nursing home.

What is his living arrangement? A B Suspended/State Non-State

Why?

5. Jerry is currently in jail and has been there for 59 days. His expected release date is in three days. Prior to his incarceration, he lived in his own apartment and paid rent; he received the full Federal Benefit Rate. He is planning to return to the same living arrangement after his release.

What is his current living arrangement? A B Suspended/State Non-State

Why?

What will his living arrangement be after his release? A B Suspended/State
Non-State

Why?


6. Elizabeth is in a general (not State) hospital in the community. She's been there for about two weeks and should be discharged soon. She plans to return to the room she rents.

What is her living arrangement? A B Suspended/State Non-State

Why?

SSA-8000

Resources



Part I. Do you have a bank account? (Include all accounts, including joint accounts, and include all banks, credit unions, and other financial institutions.)

Yes. State all bank account numbers: _____
Account name: _____

No.

Part II. Do you have a bank account? (Include all accounts, including joint accounts, and include all banks, credit unions, and other financial institutions.)

Yes. State all bank account numbers: _____
Account name: _____

No.

Part III. Do you have a bank account? (Include all accounts, including joint accounts, and include all banks, credit unions, and other financial institutions.)

Yes. State all bank account numbers: _____
Account name: _____

No.

PART IV. REPORT THE QUESTIONNAIRE PERIOD TO THE YEAR OF THE FIRST PAYMENT

1. Do you have any other resources? (Include all resources, including bank accounts, stocks, bonds, mutual funds, IRAs, 401(k)s, 403(b)s, 529 plans, and other investments.)

Resource Name	Account No.	Value	Year
		\$	
		\$	
		\$	
		\$	

2. Do you have any other resources? (Include all resources, including bank accounts, stocks, bonds, mutual funds, IRAs, 401(k)s, 403(b)s, 529 plans, and other investments.)

Resource Name	Account No.	Value	Year
		\$	
		\$	
		\$	
		\$	

Slide 70

Resources

Uncounted

- Car or truck
- House of residence
- Household goods
- Life insurance (face value under \$1500)
- Burial spaces/expense funds (under \$1500)

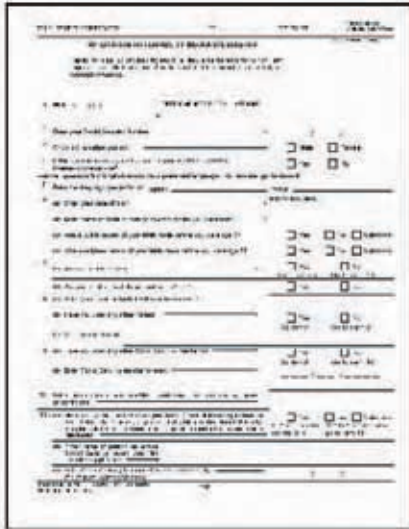
Counted

- Bank accounts
- Other real estate
- Investments: stocks, bonds
- Life insurance (\$1500+)
- Money/property disposed 30 months prior

Income – all, including child support, alimony, TANF, State assistance, self-employment wages, etc.

Slide 71

Applying for SSI — Resources



SSA-16
SSDI Application

Slide 72

The image shows a thumbnail of the SSA-16 SSDI Application form. The form is titled 'SSA-16' and 'SSDI Application'. It contains various sections for personal information, work history, and medical conditions. The form is presented as a smaller version of the actual document. Below the thumbnail, the text 'Slide 72' is displayed in a rounded rectangular box.

SSA – 16 / SSDI Application

- SSA-16
 - Available online
 - Much simpler than SSA-8000 (SSI)
 - SSDI eligibility – earnings history
 - No resources and assets counted
- Necessary documentation
- Consistency of information

Slide 73

SSA-16: SSDI Application

Social Security On-Line

SSDI On-Line


- Visit <http://www.socialsecurity.gov>
- Navigate to Disability Benefits, then application
- Each screen/page requests specific information
- Can save incomplete application
- When complete, be sure to click the "Submit" button

Slide 74

On-line Access

SSA-1696

Appointment of Representative



The image shows a thumbnail of the SSA-1696 form, titled "Appointment of Representative". The form is a document used to appoint a representative for Social Security Administration (SSA) purposes. It includes sections for the appointee's name, address, and contact information, as well as a section for the representative's name, address, and contact information. There are also checkboxes for "I am appointing you as my representative" and "I am appointing you as my representative for the purpose of receiving benefits". The form is dated 06/01/08.

Slide 75

SSA-1696 / Appointment of Representative

- Establish a representative to assist with application, who can
 - Maintain communication with SSA and DDS
 - Receive copies of all correspondence sent to and from applicant
 - “Stand in” for applicant
 - Provide information to SSA/DDS
 - Answer questions for applicant as needed
- *Highly recommended* for persons who are homeless and may not have a reliable contact phone or address

Slide 76

SSA-1696: Appointment of Representative

- It is highly recommended that the person assisting an applicant who is homeless become the applicant’s representative

Summary

- Non-medical information is evaluated first
- If the person does not qualify at this step, the application goes no further
- Be sure to address all non-medical criteria thoroughly and accurately
- Once accomplished, move on to the medical information – Module 4

Slide 77

Summary: Application Process

Handy Tips

The Importance of the SSA-1696 Appointment of Representative

- The importance of completing this form cannot be overstated
- It provides wide access to information, does not pose liability for an agency, and costs nothing
- This is the most important tool in the case manager's tool chest
- Though not a requirement, agencies should consider using their address as a mailing address for individuals during the application process; this facilitates communication

Non Medical Part of Application

- The application goes no further unless non-medical criteria are met.
- Applying for SSI in person can be helpful as the SSA claims representative is able to write observations of the individual on the application, even electronically
- Providing needed non-medical documentation at the time of application is helpful
- SSA must see original documents; these will be copied and returned the same day
- SSA prefers that individuals apply for SSDI on-line

Complete and Consistent Information

- Case managers should ensure completeness and consistency of information on applications
- For additional clarification, use the "Remarks" section of both paper and electronic forms
- Case managers should not restrict information because of space limitations on a form; add whatever is needed
- Copy all paper documents before handing them in to SSA

Immigrants

- Documentation of immigration status is critical
- SSA may have proof of someone's immigration status on record
- Case managers should check with SSA before attempting to obtain copies of immigration papers which can be costly and can take a long time to get
- Pro bono immigration attorneys and agencies who work with immigrants can help verify status

ID

- Identification has become more of an issue with the passage of the Deficit Reduction Act in 2005
- Often a photo ID is needed to enter government buildings
- Work with SSA to determine a strategy for access prior to bringing individuals in to apply
- Sometimes, agencies make photo IDs using a Polaroid or digital camera; find out if SSA would accept such an ID

Further details about the application process are covered in the Stepping Stones to Recovery companion manual that can be downloaded from the SOAR website (<http://www.prainc.com/soar>).

Worksheet 1

SSI & SSDI Non-Medical Documentation Checklist

(if not applicable, write N/A)

Name _____

DOB _____ SSN _____

Application date _____

SSI

All applicants:

- _____ Photo ID
- _____ If own/rent, copy of mortgage/rent agreement
- _____ If he or she doesn't rent: name, address of person(s) providing in-kind help
- _____ List of dependents
- _____ Ownership of vehicle(s)
- _____ Copy of life insurance policy
- _____ Most recent bank account statement, including any joint bank accounts
- _____ Copy of certificates of deposit
- _____ Copy of stock/mutual fund certificates
- _____ Copy of bonds held in own name
- _____ Copy of any land/houses, etc., proof of ownership
- _____ Copy of burial contracts
- _____ Copy of any other household income: pay stubs, other benefits, child support

Immigrants:

- _____ Proof of sponsorship — original
- _____ Proof of citizenship or alien status — original
- _____ Birth certificate (may be required)

SSDI

All applicants:

- _____ Birth certificate
- _____ Copy of any current pay stubs
- _____ List of dependents
- _____ Proof of Worker's Compensation or State Disability Insurance Benefits (benefits letter or check stubs)

Immigrants:

- _____ Proof of sponsorship — original
- _____ Proof of citizenship or alien status — original

Worksheet 2

SSI Income/Resource Worksheet

(if the income/resource does not apply, write N/A)

Name _____

DOB _____ SSN _____

Application date _____

Income	
<i>Type</i>	<i>Date Submitted</i>
<i>Earned</i>	
Wage stubs	
Tax return	
<i>Unearned</i>	
Benefit letters	
Court orders	
Alimony/child support receipts	
Bank statements (interest)	
Dividends/royalties	
Rental/lease income	

Resources	
<i>Type</i>	<i>Date Submitted</i>
Vehicles owned*	
Houses owned**	
Other property owned	
Life insurance policies	
Bank statements	
Investment statements	
Savings statements	
Burial expense set-aside	
Cemetery lot, crypt, etc.	

* One car or truck is fully excluded from resources if used for daily activities.

** A house that a person owns is excluded if the individual lives in it.

Sample Rental Loan Agreement

The following are examples of the two parts of a rental loan agreement. Both the person providing housing and the person receiving housing must sign the rental loan agreement.

TO BE COMPLETED BY THE PERSON PROVIDING HOUSING

On _____, I _____, agreed to allow _____ to live in my home on the condition that _____ would pay me back for the months _____ stayed here once benefits are obtained. I am charging \$_____ per month rent, which is what I would charge anyone in a similar situation.

If you have questions, please contact me at _____.

Date _____

Printed Name

Signature

TO BE COMPLETED BY APPLICANT

On _____, I moved into the home of _____ with the understanding that I would pay back rent to that date in the amount of \$_____ as soon as I received any income benefits. In addition to the back payment, I understand that I would continue to pay \$_____ each month for the rest of the time I live there.

Date: _____

Printed Name

Signature

SSA-8000

SSI Application



APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Do Not Write in This Space
DATE STAMP

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

I am/We are applying for Supplemental Security Income and any federally administered State supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

Filing Date (Month, Day, Year)

Receipt Protective

FS-SSA/APP FS-REFERRED

Preferred Language
Written: Spoken:

TYPE OF CLAIM Individual Individual with Ineligible Spouse Couple Child Child with Parents

PART I--BASIC ELIGIBILITY-- Answer the questions below beginning with the first moment of the filing date month.

1.	(a) First Name, Middle Initial, Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (month, day, year)	Social Security Number	
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?		<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)		
	(c) Other Name(s)		Other Social Security Number(s) Used		
	(d) If you are also filing for Social Security Benefits, go to #2; otherwise complete the following:				
Mother's Maiden Name:		Father's Name:		Go to #2	
2.	(a) Are you married?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #3		
	(b) Date of marriage: (month, day, year)				
	(c) Spouse's Name (First, middle initial, last)		Birthdate (month, day, year)	Social Security Number	
	(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?		<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to (f)		
	(e) Other Name(s)		Other Social Security Number(s) Used		
	(f) Are you and your spouse living together?		<input type="checkbox"/> YES Go to #3 <input type="checkbox"/> NO Go to (g)		
	(g) Date you began living apart : (month, day, year)				

2. (h) Address of spouse or name of someone who knows where spouse is. (Complete only if spouse is age 65, blind or disabled.)

3. (a) Have you had any other marriages?
 If never married, check this box

You	Your Spouse, if filing
<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4

(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #4.

	YOU	YOUR SPOUSE
FORMER SPOUSE'S NAME (including maiden name)		
BIRTHDATE (month, day, year)		
SOCIAL SECURITY NUMBER		
DATE OF MARRIAGE (month, day, year)		
DATE MARRIAGE ENDED (month, day, year)		
HOW MARRIAGE ENDED		

4. If you are filing for yourself, go to (a); if you are filing for a child, go to (e).

(a) Are you unable to work because of illnesses, injuries or conditions?

You	Your Spouse
<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5
<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5

(b) Enter the date you became unable to work.

	(month, day, year)
--	--------------------

(c) What are your illnesses, injuries or conditions?

You	Your Spouse
Go to (d)	Go to (d)

(d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do you have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or deceased?

YES Parent's Name: _____
 Social Security Number: _____
 Address: _____

NO Go to #5

(e) When did the child become disabled? Go to (f)

(month, day, year)

(f) What are the child's disabling illnesses, injuries or conditions?

Go to (g)

4. (g) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or conditions, or deceased?

YES Parent's Name: _____
 Social Security Number: _____
 Address: _____

NO Go to #5

5.	Birthplace	City	State	Country (if other than the U.S.)
	You			
	Your Spouse, if filing			Go to #6

6.	Are you a United States citizen by birth?	You	Your Spouse, if filing
		<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> YES Go to #12
		<input type="checkbox"/> NO Go to #7	<input type="checkbox"/> NO Go to #7
7.	Are you a naturalized United States citizen?	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #8
8.	(a) Are you an American Indian born outside the United States?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)

(b) Check the block that shows your American Indian status.

You	Your Spouse, if filing
<input type="checkbox"/> American Indian born in Canada Go to #12	<input type="checkbox"/> American Indian born in Canada Go to #12
<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #12	<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #12
<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)	<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)

(c) Check the block below that shows your current immigration status

You	Your Spouse, if filing
<input type="checkbox"/> Amerasian Immigrant Go to #9	<input type="checkbox"/> Amerasian Immigrant Go to #9
<input type="checkbox"/> Lawful Permanent Resident Go to #9	<input type="checkbox"/> Lawful Permanent Resident Go to #9
<input type="checkbox"/> Refugee Date of entry: Go to #11	<input type="checkbox"/> Refugee Date of entry: Go to #11
<input type="checkbox"/> Asylee Date status granted: Go to #11	<input type="checkbox"/> Asylee Date status granted: Go to #11
<input type="checkbox"/> Conditional Entrant Date status granted: Go to #11	<input type="checkbox"/> Conditional Entrant Date status granted: Go to #11
<input type="checkbox"/> Parolee for One Year Go to #11	<input type="checkbox"/> Parolee for One Year Go to #11
<input type="checkbox"/> Cuban/Haitian Entrant Go to #11	<input type="checkbox"/> Cuban/Haitian Entrant Go to #11
<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #11	<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #11
<input type="checkbox"/> Other Explain in Remarks, then Go to (d)	<input type="checkbox"/> Other Explain in Remarks, then Go to (d)

8.	(d) If you have status, or have applied for status as the spouse, child, or parent of a child of a US citizen, or lawfully admitted permanent resident alien, Go to #10; otherwise Go to #12.			
9.	If you are lawfully admitted for permanent residence:			
	(a) Date of Admission	You (month, day, year)	Your Spouse (month, day, year)	
	(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)
	(c) Give the following information about the person, institution, or group, then Go to (d):			
	Name	Address		Telephone Number
				() -
	(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	You Status:	Your Spouse, if filing Status:	
		(month, day, year) From:	(month, day, year) From:	
		To:	To: Go to (e)	
	(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> YES Go to (f)	<input type="checkbox"/> NO Go to #11	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11
	(f) Name and Social Security Number of parent(s) who worked.			
	Name	Social Security Number		
	Name	Social Security Number		
10.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #12	You Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12
	(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> YES Go to #11	<input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to #11 <input type="checkbox"/> NO Go to #12
11.	Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	<input type="checkbox"/> YES Explain in #57(b), then Go to #12	<input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Explain in #57(b), then Go to #12 <input type="checkbox"/> NO Go to #12
12.	(a) When did you first make your home in the United States?	(month, day, year)		(month, day, year)
	(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #13	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #13
	(c) Give the dates of residence outside the United States.	(month, day, year) From:	(month, day, year) From:	
		To:	To:	
13.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #14	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #14

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the United States.	Date Left: Date Returned:	Date Left: Date Returned:
IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #14. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #14; OTHERWISE GO TO #15.			
14.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> No Go to #15	
	(b) Eligible Alien's Name	Eligible Alien's Social Security Number Go To #15	
15.	(a) Do you have any unsatisfied felony warrants for your arrest?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #16	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #16
	(b) In which state or country was this warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16
	(d) Date warrant satisfied	month, date, year	month, date, year
16.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17
	(b) In which state or country was the warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17
	(d) Date warrant satisfied	month, day, year	month, day, year

PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.

17.	Check the block which best describes your present living situation:		
<input type="checkbox"/>	Household	Since (month, day, year)	Go to #22
<input type="checkbox"/>	Non-Institutional Care	Since (month, day, year)	Go to #20
<input type="checkbox"/>	Institution	Since (month, day, year)	Go to #18
<input type="checkbox"/>	Transient	Since (month, day, year)	Go to #35

INSTITUTION

18. Check the block that identifies the type of institution where you currently reside, then Go to #19:

School

Rehabilitation Center

Hospital

Jail

Rest or Retirement Home

Other (Specify)

Nursing Home

19. Give the following information about the INSTITUTION:

(a) Name of institution:

(b) Date of admission:

(c) Date you expect to be released from this institution:

Go to #35

NON-INSTITUTIONAL CARE

20. Check the block that best describes your current residence, then Go to #21:

Foster Home

Group Home

Other (Specify)

21. Give the following information about your Noninstitutional Care:

(a) Name of facility where you live:

(b) Name of placing agency

Address

Telephone Number

() -

(c) Does this agency pay for your room and board?

YES Go to #35 NO If NO, who pays? _____

Go to #35

HOUSEHOLD ARRANGEMENTS

22. Check the block that describes your current residence, then Go to #23:

House

Mobile Home

Apartment

Houseboat

Room (private home)

Other (Specify)

Room (commercial establishment)

23. Do you live alone or only with your spouse?

YES Go to #25

NO Go to #24

24. (a) Give the following information about everyone who lives with you:

Name	Relationship	Public Assistance		Sex		Birthdate mm/dd/yy	Blind or Disabled		If Under 22				Social Security Number
		YES	NO	M	F		YES	NO	Married		Student		
									YES	NO	YES	NO	

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #25.

(b) Does anyone listed in 24(a) who is under age 18, OR between ages 18-22 and a student, receive income? YES Go to (c) NO Go to #25

(c) Child Receiving Income	Source and Type	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$

25. (a) Do you (or does anyone who lives with you) own or rent the place where you live? YES Go to #26 No Go to (b)

25.	(b) Name of person who owns or rents the place where you live	Address	Telephone Number
			() -

(c) If you live alone or only with your spouse, and do not own or rent, Go to #35; otherwise, Go to #29.

26.	(a) Are you (or your living with spouse) buying or do you own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> No If you are a child living with your parent(s) Go to (b); otherwise Go to #27
	(b) Are your parent(s) buying or do they own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #27

(c) What is the amount and frequency of the mortgage payment?
 Amount: \$ _____ Frequency of Payment: _____
 Go to (d)

(d) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, Go to #35; otherwise Go to #29.

27.	(a) Do you (or your living with spouse) have rental liability for the place where you live?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO If you are a child living with your parent(s) Go to (b); otherwise Go to (c)
	(b) Does your parent(s) have rental liability?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (c)

(c) Does anyone who lives with you have rental liability for the place where you live?
 YES Give name of person with rental liability: _____ Go to #28
 NO Give name of person with home ownership: _____ Go to #29

(d) What is the amount and frequency of the rent payment?
 Amount: \$ _____ Frequency of Payment: _____
 Go to #28

28.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #29
	(b) Name of person related to landlord or landlord's spouse	Relationship	Name and address of landlord (include telephone number and area code, if known):

(c) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, Go to #35.

29.	(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #34)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #30
	(b) Amount others contribute: \$ _____		Go to #30

30.	(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #31	<input type="checkbox"/> NO Go to (b)
	(b) Do you buy all your food separately from other household members:	<input type="checkbox"/> YES Go to #31	<input type="checkbox"/> NO Go to #31
31.	Do you contribute to household expenses?		
	<input type="checkbox"/> YES Average Monthly Amount: \$ _____ Go to #32		
	<input type="checkbox"/> NO Go to #32		
32.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #32(d)
	(b) Give the name, address and telephone number of the person with whom you have a loan agreement :		
	(c) Will the amount of this loan cover your share of the household expenses?	<input type="checkbox"/> YES Go to #35	<input type="checkbox"/> NO Go to (d)
	(d) If you contribute toward household expenses and you answered "NO" to both 30(a) & (b), Go To #33. If you answered "YES" to either 30(a) or 30(b), Go to #34. If you do not contribute toward household expenses, go to #35.		
33.	(a) Is part or all of the amount in #31 just for food?		
	<input type="checkbox"/> YES Give Amount: \$ _____ Go to (b)		<input type="checkbox"/> NO Go to (b)
	(b) Is part or all of the amount in #31 just for shelter?		
	<input type="checkbox"/> YES Give Amount: \$ _____ Go to #34		<input type="checkbox"/> NO Go to #34
34.	What is the average monthly amount of the following household expenses: (Show average over the past 12 months unless you have been residing at your present address less than 12 months. If so, show average for the months you have resided at your present address.)		
	CASH EXPENSES	AVERAGE MONTHLY AMOUNT	
	Food (complete only if #30(a) & (b) are answered NO)	\$ _____	
	Mortgage or Rent	\$ _____	
	Property Insurance (if required by mortgage lender)	\$ _____	
	Real Property Taxes	\$ _____	
	Electricity	\$ _____	
	Heating Fuel	\$ _____	
	Gas	\$ _____	
	Sewer	\$ _____	
	Garbage Removal	\$ _____	
	Water	\$ _____	
	TOTAL	\$ _____	

Go to #35

35. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?

YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____

NO Go to (b)

(b) Does anyone who does NOT LIVE with you give you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?

YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____

NO Go to #36

36. (a) Has the information given in #17-35 been the same since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Explain in Remarks, then Go to (b)
(b) Do you expect any of this information to change?	<input type="checkbox"/> YES Explain in Remarks, then Go to #37	<input type="checkbox"/> NO Go to #37

PART III-RESOURCES-The questions in this section pertain to the first moment of the filing date month.

37. (a) Do you own or does your name appear on, either alone or with other people, the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #38	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #38
---	---	--	---	--

(b) Owner's Name	Description (Year, Make & Model)	Used For	Current Market Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

38. (a) Do you own or are you buying any life insurance policies?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #39	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #39
---	---	--	---	--

38.	(b) Owner's Name		Name of Insured	Name & Address of Insurance Company	Policy Number			
	Policy (#1)							
	Policy (#2)							
	Policy (#3)							
	Face Value		Cash Surrender Value	Date of Purchase	Dividends		Accumulations	
					YES	NO	YES	NO
	Policy (#1)	\$	\$					
	Policy (#2)	\$	\$					
	Policy (#3)	\$	\$					
	(c) Loans Against Policy? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Policy Number: _____								
Amount: \$ _____								
Go to #39								

39.	(a) Do you (either alone or jointly with any other person) own any:	You		Your Spouse	
		YES	NO	YES	NO
	Life estates or ownership interest in an unprobated estate?				
Items acquired or held for their value as an investment?					

(b) Give the following information for any "Yes" answer in #39(a); otherwise, Go to #40.

Owner's Name	Name of Item	Value	Amount Owed	Give Name & Address of Bank or Other Organization
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

40.	(a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?	You		Your Spouse	
		YES	NO	YES	NO
	-Cash at home, with you, or anywhere else				
	-Financial Institution Accounts				
	Checking				
	Savings				
	Credit Union				
	Christmas Club				
	Time Deposits/Certificates of Deposit				
	Individual Indian Money Account				
	-Other (Including IRAs and Keough Accounts)				

(b) If all the items in #40(a) are answered "NO", Go to #41. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		
		\$		

41.	(a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?	You		Your Spouse	
		YES	NO	YES	NO
	-Stocks or Mutual Funds				
	-Bonds (Including U.S. Savings Bonds)				
	-Promissory Notes				
	-Trusts				
	-Other items that can be turned into cash				

41. (b) If all the items in #41(a) are answered "NO", Go to #42. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		

(c) Do you give us permission to obtain any of your financial records from any financial institution?	You		Your Spouse, if filing	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

42. (a) Do you have any land, houses, buildings, real property, property in a foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or for your heirs, or any other property of any kind that has not been shown anywhere else on the application?	You		Your Spouse, if filing	
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #43	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #43

(b) Describe the property (including size, location, and how it is used. If not used now, when was it last used and what is next planned use.)

Item #1

Item #2

Owner's Name	Estimated Current Market Value	Tax Assessed Value	Mortgage	Owed on Item
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

43. (a) Have you or your spouse acquired any assets since the first moment of the filing date month? YES Go to (b) NO Go to (c)

(b) Explain:

(c) Has there been any increase or decrease in the value of you or your spouse's resources since the first moment of the filing date month? YES Go to (d) NO Go to #44

(d) Explain:

44. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, (including money or property in foreign countries), since the first moment of the filing date month or within the 36 months prior to the filing date month?

	You		Your Spouse	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Go to (b)		Go to (b)	

(b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?

	You		Your Spouse	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #45.

(c)	OWNER'S/CO-OWNERS NAME	DESCRIPTION OF PROPERTY	DATE OF DISPOSAL
ITEM #1			
ITEM #2			
ITEM #3			
	NAME AND ADDRESS OR PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT
ITEM #1			\$
ITEM #2			\$
ITEM #3			\$
	SALES PRICE OR OTHER CONSIDERATION	ARE OTHER CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN.	DO YOU STILL OWN PART OF THE PROPERTY?
ITEM #1			
ITEM #2			
ITEM #3			
	SOLD ON OPEN MARKET?	GIVEN AWAY?	TRADED FOR GOODS/SERVICES?
ITEM #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ITEM #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ITEM #3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

45.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any items mentioned in #38 and #40-44.	You <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #46	Your Spouse, if filing <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #46
(b) DESCRIPTION (Where appropriate, give name & address of organization and account/policy number.)		VALUE	WHEN SET ASIDE (month, day, year)	OWNER'S NAME	
Item 1		\$			
Item 2		\$			
FOR WHOSE BURIAL		IS ITEM IRREVOCABLE?		WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?	
Item 1		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES Go to #46 Go to #46 <input type="checkbox"/> NO Explain in (c)	
Item 1		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES Go to #46 <input type="checkbox"/> NO Explain in (c)	
(c) EXPLANATION					
46.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums, or other repositories for burial or any headstones or markers?	You <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #47	Your Spouse, if filing <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #47
(b) Owner's Name		Description	For Whose Burial	Relationship to You or Your Spouse	Current Market Value
					\$
					\$
					\$
					Go to #47

47.	(a) Since the first moment of the filing date month, have you (or your spouse) received or do you (or your spouse) expect to receive income in the next 14 months from any of the following sources?	You		Your Spouse	
		YES	NO	YES	NO
	State or Local Assistance Based on Need				
	Refugee Cash Assistance				
	Temporary Assistance for Needy Families				
	General Assistance from the Bureau of Indian Affairs				
	Disaster Relief				
	Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)				
	Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)				
	Other Income Based on Need				
	Social Security				
	Black Lung				
	Railroad Retirement Board Benefits				
	Office of Personnel Management (Civil Service)				
	Pension (Military, State, Local, Private, Union, Retirement or Disability)				
	Military Special Pay or Allowance				
	Unemployment Compensation				
	Workers' Compensation				
	State Disability				
	Insurance or Annuity Payments				
	Dividends/Royalties				
	Rental/Lease Income Not from a Trade or Business				
	Alimony				
	Child Support				
	Other Bureau of Indian Affairs Income				
	Gambling/Lottery Winnings				
	Other Income or Support				

47. (b) Give the following information for any block checked YES in #47(a); otherwise, Go to #48

Person Receiving Income	Type of Income	Amount Received	Frequency of Payment	Date Expected or Received	Source (Name, Address of Person, Bank, Organization, or	Identifying Number
		\$				
		\$				
		\$				

IF YOU EVER RECEIVED SSI BEFORE, GO TO #48; OTHERWISE GO TO #49

48. Are any overpayments being collected from benefits you receive from the Social Security Administration, Railroad Retirement Board, Office of Personnel Management, Veterans' Affairs, Military Pensions, Military Special Pay Allowances, Black Lung, Workers' Compensation, or State Disability or Unemployment Benefits?	You <input type="checkbox"/> YES Explain in Remarks, then Go to #49 <input type="checkbox"/> NO Go to #49	Your Spouse, if filing <input type="checkbox"/> YES Explain in Remarks, then Go to #49 <input type="checkbox"/> NO Go to #49
49. Since the first moment of the filing date month, have you received or do you expect to receive any meals or other gifts which are not cash?	<input type="checkbox"/> YES Explain in Remarks, then Go to #50 <input type="checkbox"/> NO Go to #50	<input type="checkbox"/> YES Explain in Remarks, then Go to #50 <input type="checkbox"/> NO Go to #50
50. (a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (e)

(b) Name and Address of Employer (include telephone number and area code, if known)

You	Your Spouse
Go to (c)	Go to (c)

(c)	Date last worked (month, day, year)	Date last paid (month, day, year)	Date next paid (month, day, year)
You			
Your Spouse			

(d) Total monthly wages received (before any deductions)	Your Amount \$	Your Spouse's Amount \$
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(e) Do you (or your spouse) expect to receive any wages in the next 14 months?	You <input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #51	Your Spouse, if filing <input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #51
--	---	--

(f) Name and address of employer if different from #50(b) (include telephone number, if known)

You	Your Spouse
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50.	(g) Give the following information:				
	RATE OF PAY	AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (month, day, year)
	You \$				
	Your Spouse \$				
	(h) Do you expect any change in wage information provided in #50(g)		<input type="checkbox"/> YES Go to (i)	You <input type="checkbox"/> NO Go to #51	Your Spouse, if filing <input type="checkbox"/> YES Go to (i)
	(i) Explain Change:				
	You	Your Spouse			
51.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?		<input type="checkbox"/> YES Go to (b)	You <input type="checkbox"/> NO Go to #52	Your Spouse, if filing <input type="checkbox"/> YES Go to (b)
	(b) Give the following information; then Go to #52				
	Date(s) Self-Employed	Type of Business	Last Year's: Gross Income \$	Last Year's: Net Profit \$	Last Year's: Net Loss \$
	Date(s) Self-Employed	Type of Business	This Year's: Gross Income \$	This Year's: Net Profit \$	This Year's: Net Loss \$
52.	If you or your spouse are blind or disabled, do you have any special expenses that you paid which are necessary for you to work?		<input type="checkbox"/> YES Explain in Remarks; then Go to #53	You <input type="checkbox"/> NO Go to #53	Your Spouse, if filing <input type="checkbox"/> YES Explain in Remarks; then Go to #53
53.	(a) Does your spouse/parent who lives with you have to pay court-ordered support?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to NOTE		
	(b) Give amount and frequency of court-ordered support payment.		Amount: \$	Frequency: <div style="text-align: right;">Go to (c)</div>	
	(c) Give the following information about the person who receives these payments:		Name:	Address:	
NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #54; OTHERWISE, GO TO #55.					

54.	(a) Have you attended school regularly since the filing date month?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (b)
	(b) Have you been out of school for more than 4 calendar months?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
	(c) Do you plan to attend school regularly during the next 4 months?	<input type="checkbox"/> YES Explain absence in Remarks and Go to (d)	<input type="checkbox"/> NO Go to #55
	Name of School	Name of School Contact	Dates of Attendance From To
		Phone Number	Hours Attending or Planning to Attend
			Course of Study

PART V - POTENTIAL ELIGIBILITY FOR FOOD STAMPS/MEDICAL ASSISTANCE/OTHER BENEFITS - If a California resident, Skip to #56

55.	(a) Are you currently receiving food stamps?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
	(b) Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56
	(c) Have you filed for food stamps in the last 60 days?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)
	(d) Have you received an unfavorable decision?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56
	(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #56.				
	(f) May I take your food stamp application today?	<input type="checkbox"/> YES Go to #56	<input type="checkbox"/> NO Explain in (g)	<input type="checkbox"/> YES Go to #56	<input type="checkbox"/> NO Explain in (g)
	(g) Explanation:				

56. You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who is your legal responsibility. This includes information to help the State determine who a child's father is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b).

(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #57	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #57
(b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?	<input type="checkbox"/> YES Go to #57	<input type="checkbox"/> NO Go to #57	<input type="checkbox"/> YES Go to #57	<input type="checkbox"/> NO Go to #57

57.	(a) Have you ever worked under the U.S. Social Security System?	<input type="checkbox"/> YES Go to (b)					<input type="checkbox"/> NO Go to (b)	
	(b) Have you, your spouse, or a former spouse (or parent if you are filing as a child) ever:	You		Your Spouse/Parent		Filed for Benefits		
		Yes	No	Yes	No	Yes	No	
	Worked for a railroad							
	Been in military service							
	Worked for the Federal Government							
	Worked for a State or Local Government							
	Worked for an employer with a pension plan							
	Belonged to union with a pension plan							
	Worked under a Social Security system or pension plan of a country other than the United States?							
(c) Explain and include dates for any "Yes" answer given in #11 or #57(a); otherwise Go to #58.								
You:				Your Spouse, if filing/Your Parent, if filing as a child:				

PART VI -- MISCELLANEOUS -- (Answer #58 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE: OTHERWISE GO TO #59.

58.	(a) Name of Person/Agency Requesting Benefits.	Relationship to Claimant	Your Social Security Number (or EIN)
	(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	

PART VII -- REMARKS--(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

PART VIII -- IMPORTANT INFORMATION AND SIGNATURES

59. **IMPORTANT INFORMATION--PLEASE READ CAREFULLY**

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

60. **I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives false information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.**

Your Signature (First name, middle initial, last name) (Sign in ink.)	Date (month, day, year)
SIGN HERE	Telephone Number(s) where we can contact you during the day: () -

Spouse's Signature (Sign only if applying for payments.) (First name, middle initial, last name) (Sign in ink.)

SIGN HERE

61. Applicant's Mailing Address (Number & Street, Apt. No. P.O. Box, Rural Route)

City and State	ZIP Code	County
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62. Claimant's Residence Address (If different from applicant's mailing address)

City and State	ZIP Code	County
----------------	----------	--------

FOR OFFICIAL USE ONLY	DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)			
	Routing Transit Number	C/S Number	Depositor Account	<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused

64. If you are blind, check the type of mail you want to receive from us.

Certified
 Regular
 Regular with a Follow-up phone call

65. **WITNESS**

Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you, must sign below giving their full address.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and ZIP Code)	Address (Number and Street, City, State, and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	Date
If you have a question or something to report call: () -	Social Security Office you may visit or mail your request to:	

For general information about Social Security, visit our website at www.socialsecurity.gov on the Internet.

We will process your application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within ____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or notice of determination within that time, please get in touch with us.

PAPERWORK/PRIVACY ACT NOTICE

Section 1631(e) of the Social Security Act authorizes the collection of information requested on this form. The information you provide will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income payments. You do not have to give us the information requested. However, if you do not provide the information, we will be unable to make an accurate and timely decision on your claim which may result in loss of some payments. We may provide information collected on this form to another Federal, State, or local government agency to assist us in determining your eligibility for SSI payments or if a Federal law requires the release of information.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies and financial institutions. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the *Paperwork Reduction Act of 1995*. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income (SSI) check is based on the information told to us. You must tell Social Security every time there is a change-while we process your application AND if you start receiving SSI.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or child who lives with you or your sponsor or sponsor's spouse, if you are an alien. You must also report changes in the things of value that these people own. You must also report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.

HOW TO REPORT

You may make your reports:

- By telephone at the telephone number shown above or call us toll free at 1-800-772-1213 or
- In person or
- By mail at the address shown above.

CHANGES TO REPORT

WHERE YOU LIVE --You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. (For example, you enter a hospital or visit a relative.)
- You are admitted to (for a calendar month or longer), or released from, a hospital or nursing home, jail, prison, or other correctional facility or other institution.
- You leave the United States for 30 consecutive days.
- You are no longer a legal resident of the United States

HOW YOU LIVE -You must report to Social Security:

- If anyone moves into or out of your household.
- If the amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your spouse or former spouse dies.
- Your marital status changes:
--You get married, separated, divorced, or your marriage is annulled.
- --You begin living with someone as husband and wife.

INCOME-You must report to Social Security if you, your spouse/your parent(s):

- Start to receive money (or checks or any other type of payment) from someone or someplace.
- Have a change in the amount of money you receive.
- Begin to receive child support payments or those payments go up or down.
- Win money from gambling or a lottery.
- Start work or stop work.
- Earn more or less money. (**Keep all paystubs** and provide them to SSA when requested.)
- Become eligible for benefits other than SSI.

HELP YOU GET FROM OTHERS -You must report to Social Security if:

- The amount of help (money or food, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN -You must report to Social Security if:

- The value of things that you own goes over \$2000 when you add them all together (\$3000 if you are married and live with your spouse).
- You sell or give any thing of value away.
- You buy or are given anything of value.

YOU ARE BLIND OR DISABLED-You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.

IF YOU ARE UNDER AGE 18 AND YOU ARE LIVING WITH YOUR PARENTS-A report to Social Security must be made if:

- Your parents have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.

YOU ARE UNMARRIED AND UNDER AGE 22 - A report to Social Security must be made if:

- You start or stop school
- You get married or divorced
- You start or stop working

YOUR IMMIGRATION STATUS CHANGES-

- You must report any changes to Social Security.

YOU ARE SELECTED AS A REPRESENTATIVE PAYEE -You must report to Social Security if:

- The person for whom you receive SSI checks has any changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

IF A WARRANT HAS BEEN ISSUED FOR YOUR ARREST -You must report to Social Security if:

- Your warrant is for a crime or an attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year); or
- Your warrant is for a violation of probation or parole under Federal or State law.

SSA-16

SSDI Application



APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

I apply for a period of disability and/or all insurance benefits for which I am eligible under title II and part A of title XVIII of the Social Security Act, as presently amended.

1.	PRINT your name _____	FIRST NAME, MIDDLE INITIAL, LAST NAME _____
2.	Enter your Social Security Number _____	____ / ____ / ____
3.	Check (X) whether you are _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
4.	If this claim is awarded, do you want a password to use SSA's Internet/phone service? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer question 5 if English is not your preferred language. Otherwise, go to item 6.		
5.	Enter the language you prefer to: speak _____ write _____	
6.	(a) Enter your date of birth _____	MONTH, DAY, YEAR _____
	(b) Enter name of State or foreign country where you were born. _____	
	(c) Was a public record of your birth made before you were age 5? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	(d) Was a religious record of your birth made before you were age 5? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7.	(a) Are you a U.S. citizen? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to item 8 Go to item (b)
	(b) Are you an alien lawfully present in the U.S.? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	(a) Enter your name at birth if different from item (1) _____	
	(b) Have you used any other names? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (c) Go to item 9
	(c) Other name(s) used. _____	
9.	(a) Have you used any other Social Security number(s)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to item 10
	(b) Enter Social Security number(s) used. _____	____ / ____ / ____
10.	Enter the date you became unable to work because of your illness, injuries, or conditions. _____	
11.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If "Yes," answer (b) and (c).) (If "No," or "Unknown," go to item 12.)
	(b) Enter name of person on whose Social Security record you filed the other application. _____	
	(c) Enter Social Security Number of person named in (b). _____ <i>If unknown, check this block.</i> <input type="checkbox"/>	____ / ____ / ____

Answer item 12, if you have been in the military service. Otherwise, go to item 13.

12.	(a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? _____	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No (If "No," go to item 13.)
	(b) Enter dates of service _____	FROM: (Month, Year)	TO: (Month, Year)
	(c) Have you <i>ever</i> been (or will you be) eligible for a monthly benefit from a military or civilian Federal agency? (Include Veterans Administration benefits <i>only</i> if you waived military retirement pay.) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Have you or your spouse worked in the railroad industry for 5 years or more? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security System? _____	<input type="checkbox"/> Yes (If "Yes," answer (b).)	<input type="checkbox"/> No (If "No," go to item 15.)
	(b) List the country(ies): _____		
15.	(a) Are you entitled to, or do you expect to become entitled to, a pension or annuity based on your work after 1956 not covered by Social Security?	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No (If "No," go on to item 24.)
	(b) <input type="checkbox"/> I became entitled, or expect to become entitled, beginning _____	MONTH	YEAR
	(c) <input type="checkbox"/> I became eligible, or expect to become eligible, beginning _____	MONTH	YEAR

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I become entitled to a pension or annuity based on my employment after 1956 not covered by Social Security, or if such pension or annuity stops.

16.	(a) Have you ever been married? _____	<input type="checkbox"/> Yes Go to (b)	<input type="checkbox"/> No Go to item 17
	(b) To whom married	When (Month, day, year)	Where (Name of City and State)
	How marriage ended (If still in effect, write "Not Ended.")	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
Spouse's Social Security Number (If none or unknown, so indicate) _____ / _____ / _____			

Give the following information about each of your previous marriages. (If none, write "NONE.")

Your previous marriage	(c) To whom married	When (Month, day, year)	Where (Name of City and State)
	How marriage ended	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number (If none or unknown, so indicate) _____ / _____ / _____		

Use "Remarks" space for information about any other marriages.

17.	If your claim for disability benefits is approved, your children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on your earnings record.			
	List below: FULL NAME OF ALL such children who are now or were in the past 12 months UNMARRIED and: <ul style="list-style-type: none"> • UNDER AGE 18 • AGE 18 TO 19 AND ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL-TIME • DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22) 			
18.	(a) Did you have wages or self-employment income covered under Social Security in all years from 1978 through last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," go to item 19.) (If "No," answer (b).)	
	(b) List the years from 1978 through last year in which you did not have wages or self-employment income covered under Social Security.			
19.	(a) Enter below the names and addresses of all the persons, companies, or Government agencies for whom you have worked this year and last year. IF NONE, WRITE "NONE" BELOW AND GO TO ITEM 20.			
	NAME AND ADDRESS OF EMPLOYER <small>(If you had more than one employer, please list them in order beginning with your last (most recent) employer)</small>	Work Began		Work Ended <small>(If still working show "Not Ended")</small>
		MONTH	YEAR	MONTH YEAR
	(If you need more space, use "Remarks".)			
	(b) Are you an officer of a corporation or related to an officer of a corporation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	May the Social Security Administration or State agency reviewing your case, ask your employers for information needed to process the claim? _____ →		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Complete item 21 even if you were an employee.			
	(a) Were you self-employed this year or last year? _____ →		<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to item 22	
	(b) Check the year (or years) you were self-employed	In what type of trade/business were you self-employed? <small>(For example, storekeeper, farmer, physician)</small>	Were your net earnings from the trade or business \$400 or more? <small>(Check "Yes" or "No")</small>	
	<input type="checkbox"/> This year			
	<input type="checkbox"/> Last year		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.	(a) How much were your total earnings last year? Count both wages and self-employment income. If none, write "None." _____ →		Amount \$ _____	
	(b) How much have you earned so far this year? (If none, write "None.") _____ →		Amount \$ _____	
23.	Check if applicable:			
	<input type="checkbox"/> Please compute my benefits and complete my claim without using recent earnings that are not yet included on my (the deceased's, if applicable) earnings record. I understand that the earnings record will be updated automatically within 24 months and that any increase in benefits resulting from these earnings will be paid with the full retroactivity.			

24. What are the illnesses, injuries, or conditions that limit your ability to work? (Give a brief description.)	
25. (a) Are you still unable to work because of your illnesses, injuries, or conditions? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to item 26 Go to (b)
(b) Enter the date you became able to work. _____	MONTH, DAY, YEAR

**IMPORTANT INFORMATION ABOUT DISABILITY INSURANCE BENEFITS
PLEASE READ CAREFULLY**

SUBMITTING MEDICAL EVIDENCE: I understand that I must provide medical evidence about my disability and I may be asked to assist the Social Security Administration in obtaining the evidence. I understand that I may be requested by the State Disability Determination Services to have a consultative examination at the expense of the Social Security Administration and that if I do not go, my claim may be denied.

26. Are your illnesses, injuries, or conditions related to your work in any way? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. (a) Have you filed, or do you intend to file, for any other public disability benefits (including workers' compensation, Black Lung benefits and SSI)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to(b) Go to item 28
(b) The other public disability benefit(s) you have filed (or intend to file) for is (Check as many as apply): <input type="checkbox"/> Veterans Administration Benefits <input type="checkbox"/> Welfare <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other (If "Other," complete a Workers' Compensation/Public Disability Benefit Questionnaire)	
28. (a) Did you receive any money from an employer(s) on or after the date in item 11 when you became unable to work because of your illnesses, injuries, or conditions? If "Yes", give the amounts and explain in "Remarks". _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____
28. (b) Do you expect to receive any additional money from an employer, such as sick pay, vacation pay, other special pay? If "Yes," please give amounts and explain in "Remarks". _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____
29. Do you, or did you, have a child under age 3 (your own or your spouse's) living with you in one or more calendar years when you had no earnings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do you have a dependent parent who was receiving at least one-half support from you when you became unable to work because of your disability? If "Yes," enter the parent's name and address and social security number, if known, in "Remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. If you were unable to work before age 22 because of an illness, injury or condition, do you have a parent (including adoptive or stepparent) or grandparent who is receiving social security retirement or disability benefits or who is deceased? If yes, enter the name(s) and social security number, if known, in "Remarks" (if unknown, write "Unknown").	
32. Do you have any unsatisfied felony warrants for your arrest? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do you have any unsatisfied Federal or State warrants for your arrest for violating the conditions of your probation or parole? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS (You may use this space for any explanation. If you need more space, attach a separate sheet.)

Multiple horizontal lines for writing remarks.

I declare under penalty of perjury that I have examined all the information on the form and any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	Date (Month, Day, Year)
Signature (First name, middle initial, last name) (Write in ink)	Telephone Number(s) at which you may be contacted during the day. (Include the area code)

SIGN HERE 

FOR OFFICIAL USE ONLY	Direct Deposit Payment Address (<i>Financial Institution</i>)		
	Routing Transit Number	C/S	Depositor Account Number
			<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused

Applicant's Mailing Address (*Number and street, Apt No., P.O. Box, or Rural Route*) (*Enter Residence Address in "Remarks," if different.*)

City and State	ZIP Code	County (<i>if any</i>) in which you now live
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in Signature block.

1. Signature of Witness	2. Signature of Witness
Address (<i>Number and street, City, State and ZIP Code</i>)	Address (<i>Number and street, City, State and ZIP Code</i>)

FOR YOUR INFORMATION

An agency in your State that works with us in administering the Social Security disability program is responsible for making the disability decision on your claim. In some cases, it is necessary for them to get additional information about your condition or to arrange for you to have a medical examination at Government expense.

Collection and Use of Information From Your Application – Privacy Act Notice/Paperwork Act Notice

The Social Security Administration is authorized to collect the information requested on this form under sections 202, 205, and 223 of the Social Security Act. The information you provide will be used by the Social Security Administration to determine if you or a dependent is eligible to insurance coverage and/or monthly benefits. You do not have to give us the requested information. However, if you do not provide the information, we will be unable to make an accurate and timely decision concerning your entitlement or a dependent's entitlement to benefit payments.

The information you provide may be disclosed to another Federal, State, or local government agency for determining eligibility for a government benefit or program, to a Congressional office requesting information on your behalf, to an independent party for performance of research and statistical activities, or to the Department of Justice for use in representing the Federal government.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA,6401Security Blvd., Baltimore MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

PERSON TO CONTACT ABOUT YOUR CLAIM	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER (INCLUDE AREA CODE)		
Your application for Social Security disability benefits has been received and will be processed as quickly as possible.	some other change that may affect your claim, you — or someone for you — should report the change. The changes to be reported are listed below.	
You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.	Always give us your claim number when writing or telephoning about your claim.	
In the meantime, if you change your address, or if there is	If you have any questions about your claim, we will be glad to help you.	
CLAIMANT	SOCIAL SECURITY CLAIM NUMBER	

CHANGES TO BE REPORTED AND HOW TO REPORT
FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID

- ▶ You change your mailing address for checks or residence. *To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.*
- ▶ Your citizenship or immigration status changes.
- ▶ You go outside the U.S.A. for 30 consecutive days or longer.
- ▶ Any beneficiary dies or becomes unable to handle benefits.
- ▶ Custody Change—Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- ▶ You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.
- ▶ You become entitled to a pension or annuity based on your employment after 1956 not covered by Social Security, or if such pension or annuity stops.
- ▶ Your stepchild is entitled to benefits on your record and you and the stepchild's parent divorce. Stepchild benefits are not payable beginning with the month after the month the divorce becomes final.
- ▶ You have an unsatisfied warrant for your arrest for a crime or attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by death or imprisonment for a term exceeding 1 year).
- ▶ You have an unsatisfied warrant for a violation of probation or parole under Federal or State law.
- ▶ Change of Marital Status—Marriage, divorce, annulment of marriage. You must report marriage even if you believe that an exception applies.
- ▶ You return to work (as an employee or self-employed) regardless of amount of earnings.
- ▶ Your condition improves.
- ▶ You are under age 65 and you apply for or begin to receive workers' compensation (including black lung benefits) or another public disability benefit, or the amount of your present workers' compensation or public disability benefit changes or stop, or you receive a lump-sum settlement

HOW TO REPORT

You can make your reports by telephone, mail, or in person, whichever you prefer.

If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Calling us TOLL FREE at 1-800-772-1213.
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address above.

For general information about Social Security, visit our web site at www.socialsecurity.gov.

SSA-1696

Appointment of Representative



COMPLETING THIS FORM TO APPOINT A REPRESENTATIVE

Choosing To Be Represented

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would with you. It is important that you select a qualified person because, once appointed, your representative may act for you in most Social Security matters. We give more information, and examples of what a representative may do, on the back of the "Claimant's Copy" of this form.

Privacy Act Notice

Sections 206(a) and 1631(d) of the Social Security Act authorize the collection of information on this form. Providing the information is voluntary. However, if you want to appoint someone to act on your behalf in matters before the Social Security Administration, then you and that individual must complete the appropriate sections of this form. The information is needed to verify your appointment of the individual as your representative and his/her acceptance of the appointment.

We may provide information collected on this form to another Federal, State, or local government agency to assist us in verifying any information you provide, or if a Federal law requires the release of information. We may also use the information you give us when we match records with those of other Federal, State, or local government agencies. The law allows us to do this even if you do not agree to it.

With your permission, your representative may designate an associate or other party to request and receive information from your claim file on your representative's behalf.

Information about these and other reasons why any information you provide us may be used or given out is available in any Social Security office. If you want to learn more about this, contact any Social Security office.

How To Complete This Form

Please print or type. At the top, show your full name and your Social Security number. If your claim is based on another person's work and earnings, also show the "wage earner's" name and Social Security number. If you appoint more than one person, you may want to complete a form for each of them.

Part I Appointment of Representative

Give the name and address of the person(s) you are appointing. You may appoint an attorney or any other qualified person to represent you. You also may appoint more than one person, but see "What Your Representative(s) May Charge" on the back of the "Claimant's Copy" of this form. You can appoint one or more persons in a firm, corporation, or other organization as your representative(s), but you may not appoint a law firm, legal aid group, corporation, or organization itself.

Check the block(s) showing the program(s) under which you have a claim. You may check more than one block. Check:

- Title II (RSDI), if your claim concerns retirement, survivors, or disability insurance benefits.
- Title XVI (SSI), if your claim concerns supplemental security income.

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- Title XVIII (Medicare Coverage), if your claim concerns entitlement to Medicare or enrollment in the Supplementary Medical Insurance (SMI) plan.

If your representative has your permission to designate an associate, such as a clerk, other party, or entity, such as a copying service, to receive information for him or her from us about your claim(s), check the block to authorize this release.

If you will have more than one representative, check the block and give the name of the person you want to be the main representative.

Sign your name, but print or type your address, your area code and telephone number, and the date.

If you are appointing a representative to replace a representative you discharged or who withdrew from representing you, you must notify us in writing that the prior appointment has ended.

Part II Acceptance of Appointment

Each person you appoint (named in part I) completes this part, preferably in all cases. If the person is not an attorney, he or she must give his or her name, state that he or she accepts the appointment, and sign the form.

Part III (Optional) Waiver of Fee

Your representative may complete this part if he or she will not charge any fee for the services provided in this claim. If you appoint a second representative or co-counsel who also will not charge a fee, he or she also should sign this part or give us a separate, written waiver statement.

Part IV (Optional) Waiver of Direct Payment by an Attorney or a Non-Attorney Participating in the Direct Payment Project

Your representative may complete this part if he or she is an attorney or a non-attorney who does not want direct payment of all or part of the approved fee from past-due retirement, survivors, disability insurance, or supplemental security income benefits withheld.

Paperwork Reduction Act Statement - This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

References

- 18 U.S.C. §§203, 205, and 207; and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§404.1700 et. seq. and 416.1500 et. seq.
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39
- 26 U.S.C. §§ 6041 and 6045(f)

INFORMATION FOR REPRESENTATIVES

Fees For Representation

An attorney or other person who wants to charge or collect a fee for providing services in connection with a claim before the Social Security Administration must first obtain our approval of the fee for representation. The only exceptions are if the fee is for services provided:

- when a nonprofit organization or government agency will pay the fee and any expenses from government funds and the claimant incurs no liability, directly or indirectly, for the cost(s);
- in an official capacity such as legal guardian, committee, or similar court-appointed office and the court has approved the fee in question; or
- in representing the claimant before a court of law. A representative who has provided services in a claim before both the Social Security Administration and a court of law may seek a fee from either or both, but neither tribunal has the authority to set a fee for the other.

Obtaining Approval Of A Fee

To charge a fee for services, you must use one of two, mutually exclusive fee approval processes. You must file either a fee petition or a fee agreement with us. In either case, you cannot charge more than the fee amount we approve.

• Fee Petition Process

You may ask for approval of a fee by giving us a fee petition when you have completed your services to the claimant. This written request must describe in detail the amount of time you spent on each service provided and the amount of the fee you are requesting.

You must give the claimant a copy of the fee petition and each attachment. The claimant may disagree with the information shown by contacting a Social Security office within 20 days of receiving his or her copy of the fee petition. We will consider the reasonable value of the services provided, and send you notice of the amount of the fee you can charge.

• Fee Agreement Process

If you and the claimant have a written fee agreement, either of you must give it to us before we decide the claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve the claim(s); and the claim results in past-due benefits. We will send you a copy of the notice we send the claimant telling him or her the amount of the fee you can charge based on the agreement.

If we do not approve the fee agreement, we will tell you in writing. We also will tell you and the claimant that you must file a fee petition if you wish to charge and collect a fee.

After we tell you the amount of the fee you can charge, you or the claimant may ask us in writing to review the approved fee. (If we approved a fee agreement, the person who decided the claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

Collecting A Fee

You may accept money in advance, as long as you hold it in a trust or escrow account. The claimant never owes you more than the fee we approve, except for:

- any fee a Federal court allows for your services before it; and
- out-of-pocket expenses you incur or expect to incur, for example, the cost of getting evidence.

If you are not an attorney and you are ineligible to receive direct payment, you must collect the approved fee from the claimant. If you are interested in becoming eligible to receive direct payment, you can find information on the procedures for becoming eligible for direct payment on our "Representing Claimants" website:
<http://www.ssa.gov/representation/>.

If you are an attorney or a non-attorney whom SSA has found eligible to receive direct payment, we usually withhold 25 percent of any past-due benefits that result from a favorably decided retirement, survivors, disability insurance, or supplemental security income claim. Once we approve a fee, we pay you all or part of the fee from the funds withheld. We will also charge you the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act. You cannot charge or collect this expense from the claimant. You must collect from the claimant:

- the rest he or she owes if the amount of the fee is more than the amount of money we withheld and paid for the claimant, and any amount you held for the claimant in a trust or escrow account.
- all of the fee he or she owes if we did not withhold past-due benefits, for example, because there are no past-due benefits, or the claimant discharged you, or you withdrew from representing the claimant; or

if we withheld, but later paid the money to the claimant because you did not either ask for our approval until after 60 days of the date of the notice of award or tell us on time that you planned to ask for a fee.

Conflict Of Interest And Penalties

For improper acts, you can be suspended or disqualified from representing anyone before the Social Security Administration. You also can face criminal prosecution. Improper acts include:

- If you are or were an officer or employee of the United States, providing services as a representative in certain claims against and other matters affecting the Federal government.
- Knowingly and willingly furnishing false information.
- Charging or collecting an unauthorized fee or too much for services provided in any claim, including services before a court which made a favorable decision.

References

- 18 U.S.C. §§203, 205, and 207; and 42 U.S.C. §§406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§404.1700 et. seq. and 416.1500 et. seq.
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39
- 26 U.S.C. §§ 6041 and 6045(f)

INFORMATION FOR CLAIMANTS

What a Representative May Do

We will work directly with your appointed representative unless he or she asks us to work directly with you. Your representative may:

- get information from your claim(s) file;
- with your permission, designate associates who perform administrative duties (e.g. clerks), partners and/or parties under contractual arrangements (e.g., copying services) to receive information from us on his or her behalf: By signing this form, you are providing your permission for your representative to designate such associates, partners, and/or contractual parties,
- come with you, or for you, to any interview, conference, or hearing you have with us;
- request a reconsideration, hearing, or Appeals Council review; and
- help you and your witnesses prepare for a hearing and question any witnesses.

Also, your representative will receive a copy of the decision(s) we make on your claim(s). We will rely on your representative to tell you about the status of your claim(s), but you still may call or visit us for information.

You and your representative(s) are responsible for giving Social Security accurate information. It is wrong to knowingly and willingly furnish false information. Doing so may result in criminal prosecution.

We usually continue to work with your representative until (1) you notify us in writing that he or she no longer represents you; or (2) your representative tells us that he or she is withdrawing or indicates that his or her services have ended (for example, by filing a fee petition or not pursuing an appeal). We do not continue to work with someone who is suspended or disqualified from representing claimants.

What Your Representative(s) May Charge

Each representative you appoint can ask for a fee. To charge you a fee for services, your representative must get our approval. (Even when someone else will pay the fee for you, for example, an insurance company, your representative usually must get our approval.) One way is to file a fee petition. The other way is to file a fee agreement with us. In either case, your representative cannot charge you more than the fee amount we approve. If he or she does, promptly report this to your Social Security office.

• Filing A Fee Petition

Your representative may ask for approval of a fee by giving us a fee petition when his or her work on your claim(s) is complete. This written request describes in detail the amount of time he or she spent on each service provided you. The request also gives the amount of the fee the representative wants to charge for these services. Your representative must give you a copy of the fee petition and each attachment. If you disagree with the information shown in the fee petition, contact your Social Security office. Please do this within 20 days of receiving your copy of the petition.

We will review the petition and consider the reasonable value of the services provided. Then we will tell you in writing the amount of the fee we approve.

What Your Representative(s) May Charge, continued

• Filing A Fee Agreement

If you and your representative have a written fee agreement, one of you must give it to us before we decide your claim(s). We usually will approve the agreement if you both signed it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$5,300 (or a higher amount we set and announced in the Federal Register), whichever is less; we approve your claim(s); and your claim results in past-due benefits. We will tell you in writing the amount of the fee your representative can charge based on the agreement.

If we do not approve the fee agreement, we will tell you and your representative in writing. Then your representative must file a fee petition to charge and collect a fee.

After we tell you the amount of the fee your representative can charge, you or your representative can ask us to look at it again if either or both of you disagree with the amount. (If we approved a fee agreement, the person who decided your claim(s) also may ask us to lower the amount.) Someone who did not decide the amount of the fee the first time will review and finally decide the amount of the fee.

How Much You Pay

You never owe more than the fee we approve, except for:

- any fee a Federal court allows for your representative's services before it; and
- out-of-pocket expenses your representative incurs or expects to incur, for example, the cost of getting your doctor's or hospital's records. Our approval is not needed for such expenses.

Your representative may accept money in advance as long as he or she holds it in a trust or escrow account. We usually withhold 25 percent of your past-due benefits to pay toward the fee for you if:

- your retirement, survivors, disability insurance, and/or supplemental security income claim(s) results in past-due benefits;
- your representative is an attorney or a non-attorney participating in the direct fee payment project; and
- your representative registers with us for direct payment before we effectuate a favorable decision on your claim.

You must pay your representative directly:

- the rest of the fee you owe if the amount of the fee is more than any amount(s) your representative held for you in a trust or escrow account and we withheld and paid your representative for you.
- all of the fee you owe if we did not withhold past-due benefits, for example, because your representative waived direct payment, or you discharged the representative, or the representative withdrew from representing you before we issued a favorable decision; or if we withheld, but later paid you the money because your representative did not either ask for our approval until after 60 days of the date of your notice of award or tell us on time that he or she planned to ask for a fee.

Name (Claimant) (Print or Type)	Social Security Number - -
Wage Earner (If Different)	Social Security Number - -

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person, _____
(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI) Title XVI (SSI) Title XVIII (Medicare Coverage) Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.

I appoint, or I now have, more than one representative. My main representative is _____

(Name of Principal Representative)

Signature (Claimant)	Address	
Telephone Number (with Area Code) () -	Fax Number (with Area Code) () -	Date

Part II ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part II satisfies this requirement.)

Check one: I am an attorney. I am a non-attorney who is participating in the direct fee payment demonstration project.

I am a non-attorney. I am not participating in the direct fee payment demonstration project.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. Yes No

I have been disqualified from participating in or appearing before a Federal program or agency. Yes No

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature (Representative)	Address	
Telephone Number (with Area Code) () -	Fax Number (with Area Code) () -	Date

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
----------------------------	------

**Part IV (Optional) WAIVER OF DIRECT PAYMENT
by Attorney or Non-Attorney Eligible to Receive Direct Payment**

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Representative Waiving Direct Payment)	Date
---	------

MODULE 4

The Application Process: Medical and Disability Information for Individuals with HIV/AIDS

Slide 78

Introduction

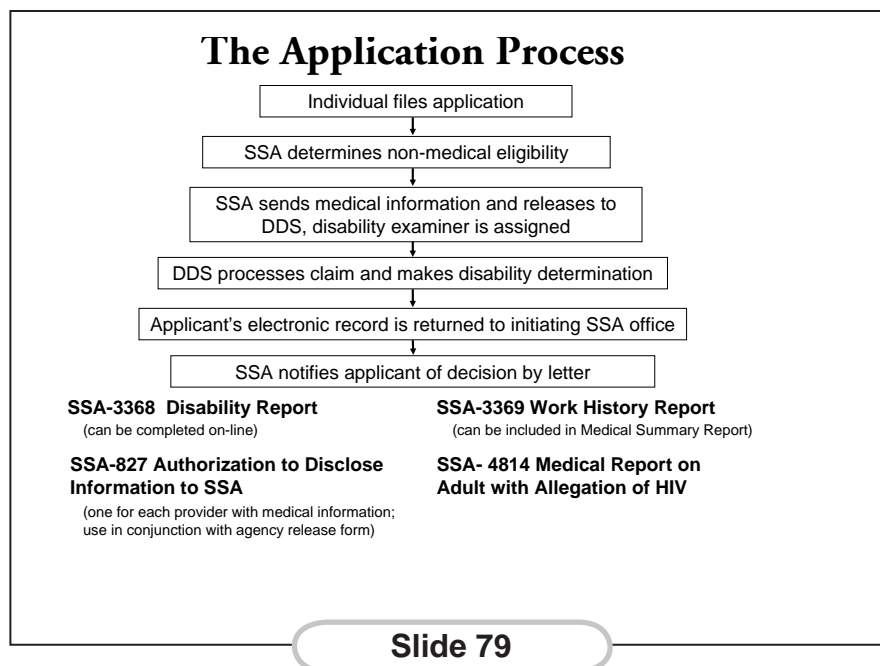
Medical information (called medical evidence by SSA and DDS) is key to disability determination. This module covers the completion of the part of the application (*the SSA-3368 Disability Report*) that DDS uses as a guide to gather medical information. This form is completed for all SSI/SSDI applicants.

This module specifically focuses on the criteria needed to qualify for SSI/SSDI under HIV/AIDS. New treatments for HIV/AIDS and the opportunistic diseases associated with this virus have enabled many to manage effectively. However, the combination of HIV, side effects of medications used to treat HIV, other health problems, including mental health problems, may make an individual eligible. (Information about mental illness is found in Module 6.)

This module introduces the *SSA-4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection*. Completed by a physician, this form assists DDS to better understand the impact of HIV/AIDS on an applicant.

Module Topics

- Medical Information
- Date of Onset
- Determining Eligibility Dates
- *SSA-4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV)*
- Authorization to Disclose Information to the Social Security Administration
- Use of *Agency Authorization for Release of Information Form* in Conjunction with *SSA-827*



Application Process

- Individual

- SSA
 - Determines non-medical eligibility

- DDS
 - Reviews disability and work information

Medical and Other Information

Medical

- All treatment sources, past and present
 - Physical and mental illnesses
 - Combined illnesses may yield eligibility

Other Information

- Vocational or rehabilitation programs
- Work history and past work demands and skills

Obtaining Information

- Approximating dates is acceptable
- Providing clues that might trigger memory can be helpful

Slide 80

Medical Evidence to Be Provided

Obtaining Medical Information

Combined Illnesses

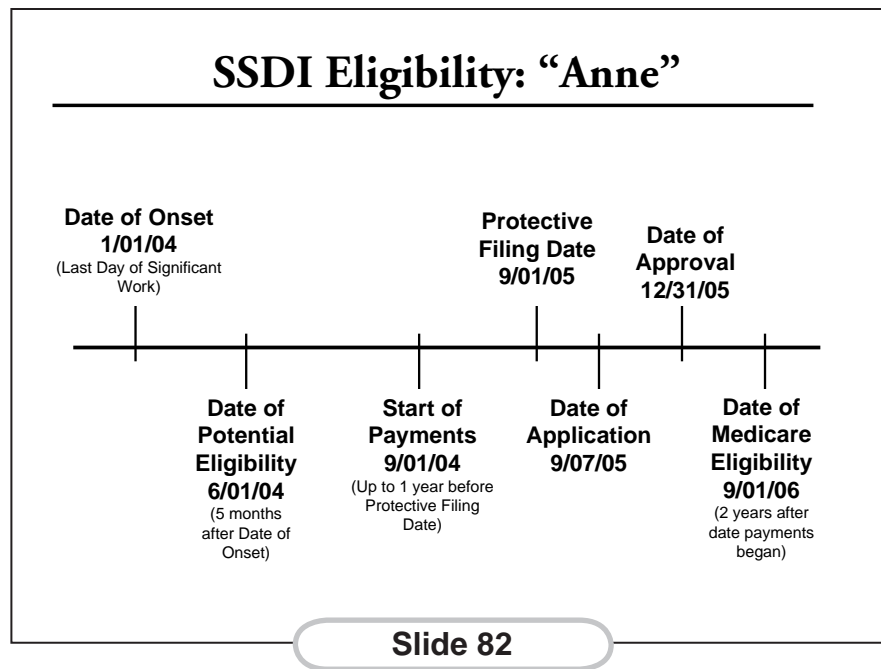
Other Information

Date of Onset

- Date when disability began
- Determined by DDS
- SSDI eligibility usually begins five months later
- Affects SSDI income benefits and Medicare eligibility
- Critical for determination of retroactive benefits

Slide 81

Date of Onset



SSDI Date of Onset

- Five month waiting period from the date of onset until start of payments
- There is a maximum of 12 months of retroactive payments, unlike SSI
- Medicare begins two years from the start of payments

Determining Eligibility

TRAINING EXERCISE F

SSI	1 st of full month following date of application or protective filing date
SSDI	Date of onset + 5 months
Medicare	2 years from first SSDI payment
SSDI Retroactive Payments	Can go back 12 months from the date of application or protective filing date

1. Calculate probable eligibility date in scenarios
2. Use protective filing date for SSI eligibility
3. Check notes or consult a neighbor for help

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TRAINING EXERCISE F - DETERMINING ELIGIBILITY DATES

Introduction

The sooner the person is deemed eligible, the sooner he or she can begin to receive the help he or she needs. This activity provides an opportunity to practice determining eligibility dates.

Instructions (See slide)

1. Fred called to establish a protective filing date on 3/31/02. He actually completed his SSI application on 4/5/02. What is his likely date of eligibility?
2. Dimitri called the SSA office on 6/1/04 saying he wanted to apply for SSI. What is his probable date of eligibility?
3. Frank applied for both SSI and SSDI on 5/1/04. His date of onset was determined to be 5/1/03. What probably will be his dates of eligibility for SSI and SSDI?

From what date might Frank's retroactive SSDI benefits begin?

What is Frank's likely date for Medicare?

4. Henrietta walked in to the SSA office to apply on 4/1/04. If she is found eligible for SSI, what will her date of eligibility most likely be?

5. Things got complicated for Mary Lou. She was homeless for some time and did not know about being able to apply for SSA benefits. She finally called on 4/1/04 and established a date to do a phone interview for both SSI and SSDI. Mary Lou had not worked for some time, but before stopping, had been a consistent worker. DDS determined that her date of onset of disability was 4/1/02. What is her likely date of eligibility for SSI and SSDI?

What is the beginning date of her retroactive benefits?

What is her probable date of eligibility for Medicare?

Disability Report: SSA-3368

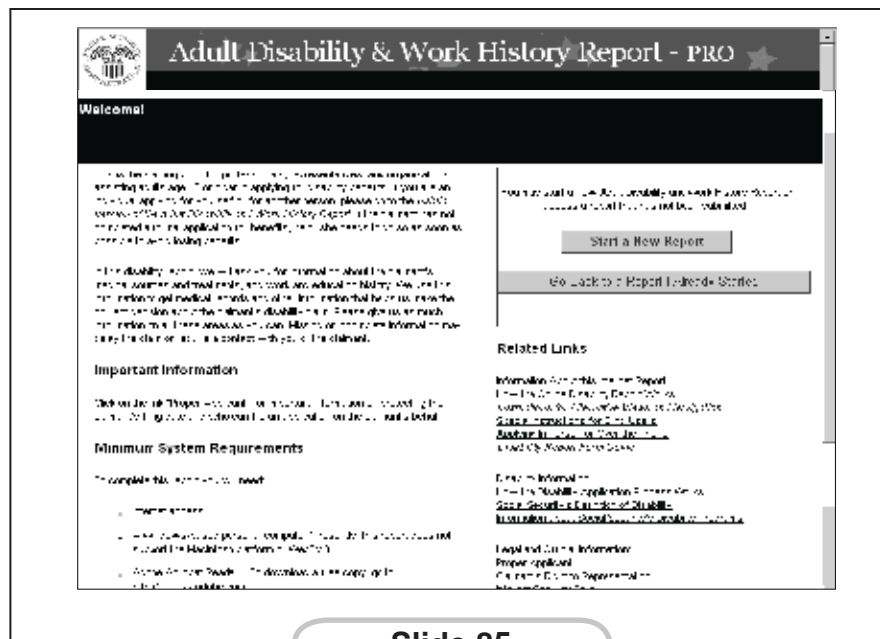
- Provides DDS with medical treatment and vocational history
- Completeness is critical
- All known information is included
- Done in applicant's own words
- Whenever possible, completed on-line SSA i3368PRO

Slide 84

Disability Report: SSA-3368

Submitting On-Line SSA i3368PRO

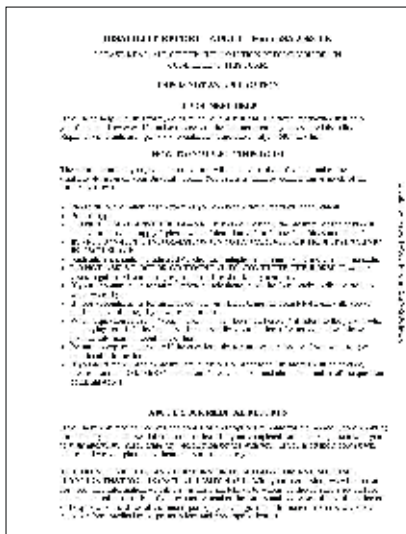
- SSA urges filing on-line as much as possible




i3368PRO

- Go to the SSA Web site at <http://www.socialsecurity.gov/adultdisabilityreport>
- In first paragraph, click on <http://www.socialsecurity.gov/i3368pro>
- On-line forms can be started, saved, and returned to as needed

SSA-3368 Disability Report



Slide 86



SSA-4814
Medical Report on
Adult with Allegation
of Human
Immunodeficiency
Virus (HIV) Infection

Slide 87

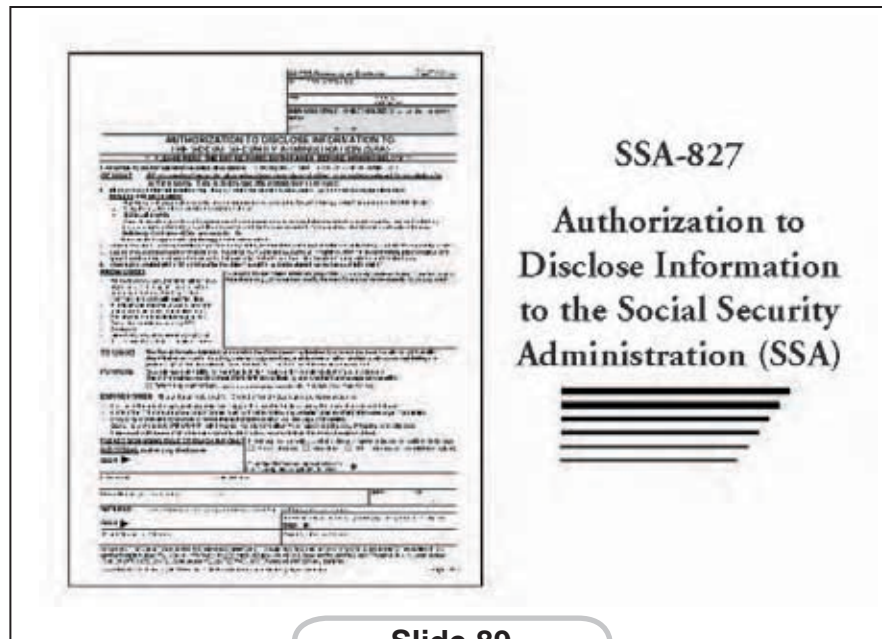
The image shows a thumbnail of the SSA-4814 form, which is a medical report on an adult with an allegation of HIV infection. The form is divided into several sections, including 'MEDICAL HISTORY', 'PHYSICAL EXAMINATION', 'LABORATORY TESTS', and 'TREATMENT'. The text on the right side of the slide is a large, bold title for the form, and the text 'Slide 87' is centered below the thumbnail.

Medical Report on Adult with Allegation of HIV Infection

- SSA – 4814
- Required for applicants alleging HIV/AIDS as contributing to disability
- To be completed by physician treating HIV/AIDS
- May lead to presumptive disability
- SSA-827 information release form must be attached

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SSA-4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection



The image shows a scan of the SSA-827 form, titled "Authorization to Disclose Information to the Social Security Administration (SSA)". The form is a document with multiple sections, including fields for the individual's name, address, and date of birth. It also contains several checkboxes and lines of text, some of which are partially obscured by a large white rectangular redaction box. To the right of the form, the title "SSA-827 Authorization to Disclose Information to the Social Security Administration (SSA)" is printed in a large, bold, black font. Below the title are several horizontal black bars of varying lengths, which appear to be a decorative element or a placeholder for a signature. At the bottom center of the slide, the text "Slide 89" is displayed in a white rounded rectangle.

Slide 89

Authorization to Disclose Information to SSA: SSA-827

- Psychotherapy notes
- Information requested
- Treatment dates
- Compliance with HIPAA and other privacy regulations

Slide 90

Authorization to Disclose Information to SSA

- Psychotherapy notes

- Treatment dates

- HIPAA-compliant forms

Gathering and Providing Information

- **Two release forms**
 - SSA 827
 - Agency release form
- **Medical records departments**
 - Sample Medical Records Request Letter
 - List of needed information
- **Contact with DDS**
 - Submitting information
 - Follow-up

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Complete Two Release Forms

- The HOPWA program requires that names and pertinent personal information be kept confidential (see 24 CFR 574.440)

Agency Release of Information Form

Tools for Tracking Information

- Medical and Job Worksheet (SSA-3381)
- Applicant Tracking Worksheet

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Medical and Job Worksheet (SSA-3381)

Applicant Tracking Worksheet (Worksheet 3)

Summary

- Disability Reports
 - In first person, applicant's own words
 - Complete as possible!
 - All health problems
- Contact with DDS
 - Within one week of submission
 - Confirm contact information and willingness to help
 - Make contact with DDS professional/medical relations office

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Summary

Handy Tips

SSA-3368 Disability Report or i3368-PRO

- SSA expects the electronic version of the form to be completed whenever possible
- Answers should be written in the first person, in the applicant's own words
- Additional information can be added to the disability report, including electronically; if the electronic form cuts off information, be sure to alert SSA

Alleging HIV/AIDS as Contributing to Disability

- Remember that SSA's definition of disability may be different from the clinical definition of AIDS or related opportunistic diseases
- SSA focuses on diagnosis and functional impairment
- SSA-4814 form is required when alleging HIV/AIDS as contributing to disability
- This must be completed by the treating physician
- Case managers should be familiar with this form

Gathering Information

- Case managers and other helpers generally try to help people to focus on their strengths and resilience
 - Gathering information for the disability report focuses on problems
 - Use sensitivity in asking people about feelings and experiences
 - Ask about "difficulties" or "struggles"
 - It can also be helpful to discuss this issue with the applicant
 - Example: "For the application we must focus on struggles and difficulties"
 - By the end of the interview, offer encouragement and hope
 - Example: "If we are able to get you some help from SSA, you can focus on being well and have more energy for your loved ones"
- Understand that a person often does not label their experiences in the way case managers do; this may be due to a fear of stigma, a failure to recognize an illness, or cultural differences
- When an individual has difficulty remembering treatment information, provide clues that might trigger memory

First Appointment with SSA

- Accompanying the individual to the application appointment at SSA can be very helpful
- If this is not possible, a case manager can make a list of a person's difficulties and treatment history for the applicant to give to SSA
- This can help the person deal with anxiety about the interview and ensures that all health and mental health information is provided
- Provide all the history
- Do not to edit the information
- Let SSA and DDS decide what is relevant

Collaborate with DDS

- A case manager should contact the DDS disability examiner (or adjudicator) within a week of submitting the application
 - Alert DDS when SSA-1696 has been submitted and identify oneself as the applicant's representative
 - Confirm contact information and willingness to help
 - After the initial contact, maintain regular and consistent contact until a decision is made
- Each DDS has a professional or medical relations office for liaison with community programs
 - If possible, contact this individual and plan strategies for collaboration

Presumptive Disability



Presumptive Disability (PD)

Presumptive disability payments are payments for disability or blindness that are available for up to six months while a person is awaiting a decision from the DDS.

Presumptive disability can be allowed at the local SSA office for the following categories of medical conditions without obtaining medical evidence. These categories include:

- Amputation of a leg at the hip
- Allegation of total deafness
- Allegation of total blindness
- Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, allegedly due to a long standing condition, excluding recent accident and recent surgery
- Allegation of a stroke (cerebral vascular accident) more than 3 months in the past with continued marked difficulty in walking or using a hand or arm
- Allegation of cerebral palsy, muscular dystrophy or muscular atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of the hands or arms
- Allegation of Down Syndrome
- Allegation of severe mental deficiency made by another individual filing on behalf of a claimant who is at least 7 years of age. For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities
- Allegation of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease)

The following impairment categories require some medical evidence or confirming contact before PD payments can be initiated:

- Low Birth Weight (1200 grams or less/2 pounds and 10 ounces) – applies to children under age 1
- Low Birth Weight (at least 1200 grams, or about 2 lb. 10 oz., but less than 2000 grams, or about 4 lb. 6 oz. at birth, and small for gestational age)
- Human immunodeficiency virus (HIV) infection
- A physician or knowledgeable hospice official confirms that an individual is receiving hospice services because of a terminal illness
- Allegation of a spinal cord injury producing an inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than two weeks, with confirmation of such status from an appropriate medical professional
- End Stage Renal Disease (ESRD) with report of ongoing dialysis in file

The DDS uses the same criteria that the SSA field office uses but is not limited to the above list of impairments.

http://www.ssa.gov/OP_home/cfr20/416/416-0934.htm

Worksheets

Applicant Tracking Worksheet

Medical and Job Worksheet -
Adult (SSA 3381)



Worksheet 3

Applicant Tracking Worksheet

(use additional sheets, if necessary)

Name _____ DOB _____ SSN _____

Phone _____ Address _____

Third Party Contact (N/A if no one) _____

Third Party Phone _____ Third Party Address _____

Area of town where person stays _____

Food kitchens/shelters/etc. _____

Other staff/programs involved _____

Program/Staff person _____

Protected filing date _____

Application date _____

By Phone In Person

SSA Claims Representative

Name _____ Phone _____

Office address _____

Medical evidence submitted with application? Yes No

Medical records sent for:

Source _____

Date(s) requested _____ Date received _____ Date sent to SSA/DDS _____

Source _____

Date(s) requested _____ Date received _____ Date sent to SSA/DDS _____

Source _____

Date(s) requested _____ Date received _____ Date sent to SSA/DDS _____

DDS Disability Examiner

Name _____ Phone _____

Dates of follow-up contact with DDS examiner _____

Consultative examination appointment? Yes No If yes, Date _____

Decision Approved Denied Date _____

Reconsideration filed (N/A if person is approved) _____

MEDICAL AND JOB WORKSHEET - ADULT

This worksheet can help you to prepare for your interview or to complete the Disability Report on the Internet. It lists some of the information we will ask you. You may want to write down some of this information in the space provided so you will have it at the interview. We will not collect this worksheet.

A. When did you become unable to work? (Month/Day/Year) _____

B. What **medical condition(s), illness(es) or injury(ies)** limits your ability to work? _____

C. We will ask you about your medical treatment. What **doctor/HMO/therapist or other person treated your condition(s), illness(es) or injury(ies)** or whom do you expect to treat you in the future? What **month and year** were you there, or expect to go there next?

Name, Address, Phone, and Patient ID Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. What **hospitals, clinics, or emergency rooms** have you been to, or expect to go to? What **month and year** were you there, or expect to go there next?

Name, Address, Phone, and Hospital/Clinic Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____

OVER

E. What **medications** do you take and **why** do you take them? **If they are prescribed**, we will ask the **doctor's name who prescribed them**. You can bring your prescription bottles with you.

Name of Medication and Why You Take It

Doctor's Name

_____	_____
_____	_____
_____	_____

F. What **medical tests** have you had or are going to have? We will ask the **name of the place** where you were tested, the **date of the test**, and the **name of the person who sent you** for the test(s).

Name of Test

Place Where Tested

Person Who Sent You

Date(s)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. What is your **medical assistance number**? _____

H. What **kind of work** have you done in the 15 years before you became disabled? We will ask you for the information below.

Job Title (e.g., Cook)	Type of Business (e.g., Restaurant)	Dates Worked (month & year) From: To:		Hours Per Day	Days Per Week	Rate of Pay (Per hour, week, year)
1. _____	_____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	_____	\$ _____

Keep your appointment. Do not delay filing even if you do not have all of the information. We will help you get any missing information.

SSA-3368

Disability Report



DISABILITY REPORT - ADULT - Form SSA-3368-BK

PLEASE READ ALL OF THIS INFORMATION BEFORE YOU BEGIN
COMPLETING THIS FORM

THIS IS NOT AN APPLICATION

IF YOU NEED HELP

If you need help with this form, do as much of it as you can, and your interviewer will help you finish it. However, if you have access to the Internet, you may access the Disability Report Form Guide at <http://www.socialsecurity.gov/disability/3368/index.htm>.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Please fill out as much of this form as you can before your interview appointment.
- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answers, or the answer is "none" or "does not apply," please write: "don't know," or "none," or "does not apply."
- **IN SECTION 4, PUT INFORMATION ON ONLY ONE DOCTOR/HOSPITAL/CLINIC IN EACH SPACE.**
- Each address should include a ZIP code. Each telephone number should include an area code.
- **DO NOT ASK A DOCTOR OR HOSPITAL TO COMPLETE THE FORM.** However, you can get help from other people, like a friend or family member.
- If your appointment is for an interview by telephone, have the form ready to discuss with us when we call you.
- If your appointment is for an interview in our office, bring the completed form with you or mail it ahead of time, if you were told to do so.
- When a question refers to "you," "your" or the "Disabled Person," it refers to the person who is applying for disability benefits. If you are filling out the form for someone else, please provide information about him or her.
- Be sure to explain an answer if the question asks for an explanation, or if you want to give additional information.
- If you need more space to answer any questions or want to tell us more about an answer, please use the "REMARKS" section on Pages 9 and 10, and show the number of the question being answered.

ABOUT YOUR MEDICAL RECORDS

If you have any medical records and copies of prescriptions at home for the person who is applying for disability benefits, send them to our office with your completed forms or bring them with you to your interview. Also, bring any prescription bottles with you. If you need the records back, tell us and we will photocopy them and return them to you.

YOU DO NOT NEED TO ASK DOCTORS OR HOSPITALS FOR ANY MEDICAL RECORDS THAT YOU DO NOT ALREADY HAVE. With your permission, we will do that for you. The information we ask for on this form tells us to whom we should send a request for medical and other records. If you cannot remember the names and addresses of any of the doctors or hospitals, or the dates of treatment, perhaps you can get this information from the telephone book, or from medical bills, prescriptions and prescription bottles.

WHAT WE MEAN BY "DISABILITY"

"Disability" under Social Security is based on your inability to work. For purposes of this claim, we want you to understand that "disability" means that you are unable to work as defined by the Social Security Act. You will be considered disabled if you are unable to do any kind of work for which you are suited and if your disability is expected to last (or has lasted) for at least a year or to result in death. So when we ask, "when did you become unable to work," we are asking when you became disabled as defined by the Social Security Act.

The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

**DISABILITY REPORT
ADULT**

For SSA Use Only
Do not write in this box.

Related SSN _____

Number Holder _____

SECTION 1- INFORMATION ABOUT THE DISABLED PERSON

A. NAME (First, Middle Initial, Last)

B. SOCIAL SECURITY NUMBER

C. DAYTIME TELEPHONE NUMBER (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)

Area Code _____ Number _____ Your Number Message Number None

D. Give the name of a **friend or relative** that we can contact (other than your doctors) **who knows about your illnesses, injuries or conditions** and can help you with your claim.

NAME _____ RELATIONSHIP _____

ADDRESS _____
(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City _____ State _____ ZIP _____ DAYTIME PHONE _____ Area Code _____ Number _____

E. What is your **height** without shoes? _____ feet _____ inches

F. What is your **weight** without shoes? _____ pounds

G. Do you have a **medical assistance card**? (For Example, Medicaid or Medi-Cal) If "YES," show the **number** here: YES NO _____

H. Can you **speak and understand English**? YES NO If "NO," what is your preferred language? _____

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot **speak and understand English**, is there someone we may contact who speaks and understands English and will give you messages? YES NO (If "YES," and that person is the same as in "D" above show "SAME" here. If not, complete the following information.)

NAME _____ RELATIONSHIP _____

ADDRESS _____
(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City _____ State _____ ZIP _____ DAYTIME PHONE _____ Area Code _____ Number _____

I. Can you **read and understand English**? YES NO J. Can you **write more than your name in English**? YES NO

Disability Report-Adult-Form SSA-3368-BK

SECTION 2
YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

A. What are the **illnesses, injuries or conditions** that limit your ability to work? _____

B. How do your illnesses, injuries or conditions limit your ability to work? _____

C. Do your illnesses, injuries or conditions cause you **pain** YES NO
or **other symptoms**?

D. When did your illnesses, injuries or conditions **first bother you**?

<i>Month</i>	<i>Day</i>	<i>Year</i>
--------------	------------	-------------

E. When did you become **unable to work** because of your illnesses, injuries or conditions?

<i>Month</i>	<i>Day</i>	<i>Year</i>
--------------	------------	-------------

F. Have you **ever worked**? YES NO *(If "NO," go to Section 4.)*

G. Did you **work at any time** after the date your illnesses, injuries or conditions first bothered you? YES NO

H. If "YES," did your illnesses, injuries or conditions cause you to: *(check all that apply)*

- work fewer hours?** *(Explain below)*
- change your job duties?** *(Explain below)*
- make any job-related changes such as your attendance, help needed, or employers?** *(Explain below)*

I. Are you **working now**? YES NO

If "NO," when did you **stop working**?

<i>Month</i>	<i>Day</i>	<i>Year</i>
--------------	------------	-------------

J. Why did you **stop working**? _____

SECTION 3 - INFORMATION ABOUT YOUR WORK

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries or conditions.

JOB TITLE <i>(Example, Cook)</i>	TYPE OF BUSINESS <i>(Example, Restaurant)</i>	DATES WORKED <i>(month & year)</i>		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY <i>(Per hour, day, week, month or year)</i>	
		From	To				
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

B. Which job did you do the longest? _____

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

D. In **this job**, did you:

- Use machines, tools or equipment? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

E. In **this job**, how many total hours each day did you:

- Walk? _____ Stoop? *(Bend down & forward at waist.)* _____ Handle, grab or grasp big objects? _____
- Stand? _____ Kneel? *(Bend legs to rest on knees.)* _____ Reach? _____
- Sit? _____ Crouch? *(Bend legs & back down & forward.)* _____ Write, type or handle small objects? _____
- Climb? _____ Crawl? *(Move on hands & knees.)* _____

F. Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

G. Check **heaviest** weight lifted:

- Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs. or more Other _____

H. Check weight **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

- Less than 10 lbs 10 lbs 25 lbs 50 lbs. or more Other _____

I. Did you supervise other people in this job? YES (Complete items below.) NO (If NO, go to J.)

- How many people did you supervise? _____
- What part of your time was spent supervising people? _____
- Did you hire and fire employees? YES NO

J. Were you a lead worker? YES NO

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

A. Have you been seen by a **doctor/hospital/clinic** or anyone else for the illnesses, injuries or conditions that limit your ability to work? YES NO

B. Have you been seen by a **doctor/hospital/clinic** or anyone else for emotional or mental problems that limit your ability to work? YES NO

If you answered "NO" to both of these questions, go to Section 5.

C. List **other names** you have used on your medical records. _____

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

D. List each **DOCTOR/HMO/THERAPIST/OTHER**. Include your next appointment.

1. NAME			DATES
STREET ADDRESS			FIRST VISIT
CITY	STATE	ZIP	LAST SEEN
PHONE _____ <small>Area Code Phone Number</small>		PATIENT ID # (If known)	NEXT APPOINTMENT
REASONS FOR VISITS _____			
WHAT TREATMENT WAS RECEIVED? _____			

2. NAME			DATES
STREET ADDRESS			FIRST VISIT
CITY	STATE	ZIP	LAST SEEN
PHONE _____ <small>Area Code Phone Number</small>		PATIENT ID # (If known)	NEXT APPOINTMENT
REASONS FOR VISITS _____			
WHAT TREATMENT WAS RECEIVED? _____			

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

DOCTOR/HMO/THERAPIST/OTHER

3. NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE <small>Area Code Phone Number</small>		PATIENT ID # (If known)	NEXT APPOINTMENT	
REASONS FOR VISITS _____				
WHAT TREATMENT WAS RECEIVED? _____				

If you need more space, use Remarks, Section 9.

E. List each HOSPITAL/CLINIC. Include your next appointment.

1. HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			<input type="checkbox"/> INPATIENT STAYS <i>(Stayed at least overnight)</i>	DATE IN	DATE OUT
STREET ADDRESS					
CITY	STATE	ZIP	<input type="checkbox"/> OUTPATIENT VISITS <i>(Sent home same day)</i>	DATE FIRST VISIT	DATE LAST VISIT
PHONE <small>Area Code Phone Number</small>					
			<input type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISITS	

Next appointment _____ Your hospital/clinic number _____

Reasons for visits _____

What treatment did you receive? _____

What doctors do you see at this hospital/clinic on a regular basis? _____

SECTION 4-INFORMATION ABOUT YOUR MEDICAL RECORDS

HOSPITAL/CLINIC

2. HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			<input type="checkbox"/> INPATIENT STAYS <i>(Stayed at least overnight)</i>	DATE IN	DATE OUT
STREET ADDRESS					
CITY	STATE	ZIP	<input type="checkbox"/> OUTPATIENT VISITS <i>(Sent home same day)</i>	DATE FIRST VISIT	DATE LAST VISIT
PHONE <small>Area Code Phone Number</small>					
			<input type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISITS	

Next appointment _____ Your hospital/clinic number _____

Reasons for visits _____

What treatment did you receive? _____

What doctors do you see at this hospital/clinic on a regular basis? _____

If you need more space, use Remarks, Section 9.

F. Does anyone else have medical records or information about your illnesses, injuries or conditions (Workers' Compensation, insurance companies, prisons, attorneys, welfare), or are you scheduled to see anyone else?
--

YES *(If "YES," complete information below.)*

NO

NAME	DATES
STREET ADDRESS	FIRST VISIT
CITY STATE ZIP	LAST SEEN
PHONE <small>Area Code Phone Number</small>	NEXT APPOINTMENT
CLAIM NUMBER (If any) _____	
REASONS FOR VISITS _____	

If you need more space, use Remarks, Section 9.

SECTION 5 - MEDICATIONS

Do you currently take any **medications** for your illnesses, injuries or conditions? YES
 If "YES," please tell us the following: *(Look at your medicine bottles, if necessary.)* NO

NAME OF MEDICINE	IF PRESCRIBED, GIVE NAME OF DOCTOR	REASON FOR MEDICINE	SIDE EFFECTS YOU HAVE

If you need more space, use Remarks, Section 9.

SECTION 6 - TESTS

Have you had, or will you have, any **medical tests** for illnesses, injuries or conditions?
 YES NO If "YES," please tell us the following: *(Give approximate dates, if necessary.)*

KIND OF TEST	WHEN DONE, OR WHEN WILL IT BE DONE? (Month, day, year)	WHERE DONE? (Name of Facility)	WHO SENT YOU FOR THIS TEST?
EKG (HEART TEST)			
TREADMILL (EXERCISE TEST)			
CARDIAC CATHETERIZATION			
BIOPSY--Name of body part _____			
HEARING TEST			
SPEECH/LANGUAGE TEST			
VISION TEST			
IQ TESTING			
EEG (BRAIN WAVE TEST)			
HIV TEST			
BLOOD TEST (NOT HIV)			
BREATHING TEST			
X-RAY--Name of body part _____			
MRI/CT SCAN Name of body part _____			

If you have had other tests, list them in Remarks, Section 9.

SECTION 7-EDUCATION/TRAINING INFORMATION

A. Check the highest grade of **school** completed.

Grade school:

0 1 2 3 4 5 6 7 8 9 10 11 12 GED

College:

1 2 3 4 or more

Approximate **date** completed: _____

B. Did you attend **special education** classes? YES NO (If "NO," go to part C)

NAME OF SCHOOL _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

DATES ATTENDED _____ TO _____
City State Zip

TYPE OF PROGRAM _____

C. Have you completed any type of **special job training, trade or vocational school**?

YES NO If "YES," what type? _____

Approximate date completed: _____

**SECTION 8 - VOCATIONAL REHABILITATION, EMPLOYMENT,
or OTHER SUPPORT SERVICES INFORMATION**

Are you participating in the Ticket Program or another program of vocational rehabilitation services, employment services or other support services to help you go to work?

YES (Complete the information below) NO

NAME OF ORGANIZATION _____

NAME OF COUNSELOR _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

DAYTIME PHONE NUMBER _____
Area Code Number

DATES SEEN _____ TO _____

TYPE OF SERVICES OR TESTS PERFORMED _____
(IQ, vision, physicals, hearing, workshops, etc.)

SSA-4814

Medical Report on Adult with Allegation of Hu- man Immunodeficiency Virus (HIV) Infection



MEDICAL REPORT ON ADULT WITH ALLEGATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

DO/BO CODE:

The individual named below has filed an application for a period of disability and/or disability payments. If you complete this form, your patient may be able to receive early payments. (This is not a request for an examination, but for existing medical information.)

MEDICAL RELEASE INFORMATION

- Form SSA-827, "Authorization to Release Medical Information to the Social Security Administration," attached.
- I hereby authorize the medical source named below to release or disclose to the Social Security Administration or State agency any medical records or other information regarding my treatment for human immunodeficiency virus (HIV) infection.

CLAIMANT'S SIGNATURE *(Required only if Form SSA-827 is NOT attached)*

DATE

A. IDENTIFYING INFORMATION

CLAIMANT'S NAME	CLAIMANT'S SSN	CLAIMANT'S PHONE NUMBER
CLAIMANT'S ADDRESS	CLAIMANT'S DATE OF BIRTH	MEDICAL SOURCE'S NAME

B. HOW WAS HIV INFECTION DIAGNOSED?

- Laboratory testing confirming HIV infection
- Other clinical and laboratory findings, medical history, and diagnosis(es) indicated in the medical evidence

C. OPPORTUNISTIC AND INDICATOR DISEASES: *Please check if applicable.*

BACTERIAL INFECTIONS

1. MYCOBACTERIAL INFECTION, (e.g., caused by *M. avium-intracellulare*, *M. kansasii*, or *M. tuberculosis*), at a site other than the lungs, skin, or cervical or hilar lymph nodes
2. PULMONARY TUBERCULOSIS, resistant to treatment
3. NOCARDIOSIS
4. SALMONELLA BACTEREMIA, recurrent non-typhoid
5. SYPHILIS OR NEUROSYPHILIS, (e.g., meningovascular syphilis) resulting in neurologic or other sequelae
6. MULTIPLE OR RECURRENT BACTERIAL INFECTION(S), including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment 3 or more times in 1 year

FUNGAL INFECTIONS

7. ASPERGILLOSIS
8. CANDIDIASIS, at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or candidiasis involving the esophagus, trachea, bronchi, or lungs
9. COCCIDIOIDOMYCOSIS, at a site other than the lungs or lymph nodes
10. CRYPTOCOCCOSIS, at a site other than the lungs (e.g., cryptococcal meningitis)

11. HISTOPLASMOSIS, at a site other than the lungs or lymph nodes
12. MUCORMYCOSIS

PROTOZOAN OR HELMINTHIC INFECTIONS

13. CRYPTOSPORIDIOSIS, ISOSPORIASIS, OR MICROSPORIDIOSIS, with diarrhea lasting for 1 month or longer
14. PNEUMOCYSTIS CARINII PNEUMONIA OR EXTRAPULMONARY PNEUMOCYSTIS CARINII INFECTION
15. STRONGYLOIDIASIS, extra-intestinal
16. TOXOPLASMOSIS, of an organ other than the liver, spleen, or lymph nodes

VIRAL INFECTIONS

17. CYTOMEGALOVIRUS DISEASE, at a site other than the liver, spleen, or lymph nodes
18. HERPES SIMPLEX VIRUS causing mucocutaneous infection (e.g., oral, genital, perianal) lasting for 1 month or longer; or infection at a site other than the skin or mucous membranes (e.g., bronchitis, pneumonitis, esophagitis, or encephalitis); or disseminated infection
19. HERPES ZOSTER, disseminated or with multidermatomal eruptions that are resistant to treatment
20. PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY

21. **HEPATITIS**, resulting in chronic liver disease manifested by appropriate findings (e.g., persistent ascites, bleeding esophageal varices, hepatic encephalopathy)

MALIGNANT NEOPLASMS

22. **CARCINOMA OF THE CERVIX**, invasive, FIGO stage II and beyond
23. **KAPOSI'S SARCOMA**, with extensive oral lesions; or involvement of the gastrointestinal tract, lungs, or other visceral organs; or involvement of the skin or mucous membranes with extensive fungating or ulcerating lesions not responding to treatment
24. **LYMPHOMA** of any type (e.g., primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkins lymphoma, Hodgkin's disease)
25. **SQUAMOUS CELL CARCINOMA OF THE ANUS**

SKIN OR MUCOUS MEMBRANES

26. **CONDITIONS OF THE SKIN OR MUCOUS MEMBRANES**, with extensive fungating or ulcerating lesions not responding to treatment (e.g., dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, genital ulcerative disease)

HEMATOLOGIC ABNORMALITIES

27. **ANEMIA** (hematocrit persisting at 30 percent or less), requiring one or more blood transfusions on an average of at least once every 2 months
28. **GRANULOCYTOPENIA**, with absolute neutrophil counts repeatedly below 1,000 cells/mm³ and documented recurrent systemic bacterial infections occurring at least 3 times in the last 5 months
29. **THROMBOCYTOPENIA**, with platelet counts repeatedly below 40,000/mm³ with at least one spontaneous hemorrhage, requiring transfusion in the last 5 months; or intracranial bleeding in the last 12 months

NEUROLOGICAL ABNORMALITIES

30. **HIV ENCEPHALOPATHY**, characterized by cognitive or motor dysfunction that limits function and progresses

31. **OTHER NEUROLOGICAL MANIFESTATIONS OF HIV INFECTION** (e.g., peripheral neuropathy), with significant and persistent disorganization of motor function in 2 extremities resulting in sustained disturbance of gross and dexterous movements, or gait and station

HIV WASTING SYNDROME

32. **HIV WASTING SYNDROME**, characterized by involuntary weight loss of 10 percent or more of baseline (or other significant involuntary weight loss) and, in the absence of a concurrent illness that could explain the findings, involving: chronic diarrhea with 2 or more loose stools daily lasting for 1 month or longer; or chronic weakness and documented fever greater than 38° C (100.4°F) for the majority of 1 month or longer

DIARRHEA

33. **DIARRHEA**, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding

CARDIOMYOPATHY

34. **CARDIOMYOPATHY** (chronic heart failure, or cor pulmonale, or other severe cardiac abnormality not responsive to treatment)

NEPHROPATHY

35. **NEPHROPATHY**, resulting in chronic renal failure

INFECTIONS RESISTANT TO TREATMENT OR REQUIRING HOSPITALIZATION OR INTRAVENOUS TREATMENT 3 OR MORE TIMES IN 1 YEAR

36. **SEPSIS**
37. **MENINGITIS**
38. **PNEUMONIA** (non-PCP)
39. **SEPTIC ARTHRITIS**
40. **ENDOCARDITIS**
41. **SINUSITIS**, radiographically documented

NOTE: If you have checked any of the boxes in section C, proceed to section E if you have any remarks you wish to make about this patient's condition. Then, proceed to sections F and G and sign and date the form.

If you have not checked any of the boxes in section C, please complete section D. See part VI of the instruction sheet for definitions of the terms we use in section D. Proceed to section E if you have any remarks you wish to make about this patient's condition. Then, proceed to sections F and G and sign and date the form.

D. OTHER MANIFESTATIONS OF HIV INFECTION

42. a. **REPEATED MANIFESTATIONS OF HIV INFECTION**, including diseases mentioned in section C, items 1-41, but without the specified findings described above, or other diseases, resulting in significant, documented, symptoms or signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats).

Please specify:

1. The manifestations your patient has had;
2. The number of episodes occurring in the same 1-year period; and
3. The approximate duration of each episode.

Remember, your patient need not have the same manifestation each time to meet the definition of repeated manifestations; but, all manifestations used to meet the requirement must have occurred in the same 1-year period. (See attached instructions for the definition of repeated manifestations.)

If you need more space, please use section E.

MANIFESTATIONS:	NO. OF EPISODES IN THE SAME 1 YEAR PERIOD:	DURATION OF EACH EPISODE
EXAMPLE: Diarrhea	3	1 month each

AND

b. **ANY OF THE FOLLOWING:**

- Marked restriction of **ACTIVITIES OF DAILY LIVING**; or
- Marked difficulties in maintaining **SOCIAL FUNCTIONING**; or
- Marked difficulties in completing tasks in a timely manner due to deficiencies in **CONCENTRATION, PERSISTENCE, OR PACE.**

E. REMARKS: (Please use this space if you lack sufficient room in section D or to provide any other comments you wish about your patient.)

F. MEDICAL SOURCE'S NAME AND ADDRESS (Print or type)	TELEPHONE NUMBER (Area Code)
	DATE

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

G. SIGNATURE AND TITLE (e.g., physician, R.N.) OF PERSON COMPLETING THIS FORM

FOR OFFICIAL USE ONLY	<input type="checkbox"/> FIELD OFFICE DISPOSITION:
	<input type="checkbox"/> DISABILITY DETERMINATION SERVICES DISPOSITION:

**MEDICAL SOURCE INSTRUCTION SHEET FOR COMPLETION OF ATTACHED SSA-4814-F5
(Medical Report On Adult With Allegation Of Human Immunodeficiency Virus (HIV) Infection)**

Your patient, identified in section A of the attached form, has filed a claim for Supplemental Security Income disability payments based on HIV infection. **MEDICAL SOURCE:** Please detach this instruction sheet and use it to complete the attached form.

I. PURPOSE OF THIS FORM:

IF YOU COMPLETE AND RETURN THE ATTACHED FORM PROMPTLY, YOUR PATIENT MAY BE ABLE TO RECEIVE PAYMENTS WHILE WE ARE PROCESSING HIS OR HER CLAIM FOR ONGOING DISABILITY PAYMENTS.

This is not a request for an examination. At this time, we simply need you to fill out this form based on existing medical information. The State Disability Determination Services will contact you later to obtain further evidence needed to process your patient's claim.

II. WHO MAY COMPLETE THIS FORM:

A physician, nurse, or other member of a hospital or clinic staff, who is able to confirm the diagnosis and severity of the HIV disease manifestations based on your records, may complete and sign the form.

III. MEDICAL RELEASE:

An SSA medical release (an SSA-827) signed by your patient should be attached to the form when you receive it. If the release is not attached, the medical release section on the form itself should be signed by your patient.

IV. HOW TO COMPLETE THE FORM:

- If you receive the form from your patient and section A has not been completed, please fill in the identifying information about your patient.
- You may not have to complete all of the sections on the form.
- **ALWAYS COMPLETE SECTION B.**
- **COMPLETE SECTION C, IF APPROPRIATE.** If you check at least one of the items in section C, go right to section E.
- **ONLY COMPLETE SECTION D IF YOU HAVE NOT CHECKED ANY ITEM IN SECTION C.** See the special information below which will help you to complete section D.
- **COMPLETE SECTION E IF YOU WISH TO PROVIDE COMMENTS ON YOUR PATIENT'S CONDITION(S).**
- **ALWAYS COMPLETE SECTIONS F AND G. NOTE: This form is not complete until it is signed.**

V. HOW TO RETURN THE FORM TO US:

- Mail the completed, signed form, as soon as possible, in the return envelope provided.
- If you received the form from your patient without a return envelope, give the completed, signed form back to your patient for return to the SSA field office.

VI. SPECIAL INFORMATION TO HELP YOU COMPLETE SECTION D:

HOW WE USE SECTION D:

- Section D asks you to tell us what other manifestations of HIV your patient may have. It also asks you to give us an idea of how your patient's ability to function has been affected.
- We do not need detailed descriptions of the functional limitations imposed by the illness; we just need to know whether your patient's ability to function has been affected to a "marked" degree in any of the areas listed. See below for an explanation of the term "marked."

SPECIAL TERMS USED IN SECTION D

WHAT WE MEAN BY "REPEATED" MANIFESTATIONS OF HIV INFECTION: (See Item 42.a)

"Repeated" means that a condition or combination of conditions:

- Occurs an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more; or
- Does not last for 2 weeks, but occurs substantially more frequently than 3 times in a year or once every 4 months; or
- Occurs less often than an average of 3 times a year or once every 4 months but lasts substantially longer than 2 weeks.

WHAT WE MEAN BY "MANIFESTATIONS OF HIV INFECTION": (See Item 42.a)

"Manifestations of HIV infection" may include:

- Any condition listed in section C, but without the findings specified there (e.g., carcinoma of the cervix not meeting the criteria shown in item 22 of the form, diarrhea not meeting the criteria shown in item 33 of the form); or
- Any other condition that is not listed in section C (e.g., oral hairy leukoplakia, myositis).

Manifestations of HIV must result in significant, documented, symptoms and signs (e.g., fatigue, fever, malaise, weight loss, pain, night sweats).

Continued on the reverse 

WHAT WE MEAN BY "MARKED" LIMITATION OR RESTRICTION IN FUNCTIONING: (See Item 42.b)

When "marked" is used to describe functional limitations, it means more than moderate, but less than extreme. "Marked" does not imply that your patient is confined to bed, hospitalized, or in a nursing home.

A marked limitation may be present when several activities or functions are impaired or even when only one is impaired. An individual need not be totally precluded from performing an activity to have a marked limitation, as long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately, and effectively.

WHAT WE MEAN BY "ACTIVITIES OF DAILY LIVING": (See Item 42.b)

Activities of daily living include, but are not limited to, such activities as doing household chores, grooming and hygiene, using a post office, taking public transportation, and paying bills.

EXAMPLE: An individual with HIV infection who, because of symptoms such as pain, imposed by the illness or its treatment, is not able to maintain a household or take public transportation on a sustained basis or without assistance (even though he or she is able to perform some self-care activities) would have marked limitation of activities of daily living.

WHAT WE MEAN BY "SOCIAL FUNCTIONING": (See Item 42.b)

Social functioning includes the capacity to interact appropriately and communicate effectively with others.

EXAMPLE: An individual with HIV infection who, because of symptoms or a pattern of exacerbation and remission caused by the illness or its treatment, cannot engage in social interaction on a sustained basis (even though he or she is able to communicate with close friends or relatives) would have marked difficulty maintaining social functioning.

WHAT WE MEAN BY "COMPLETING TASKS IN A TIMELY MANNER": (See Item 42.b)

Completing tasks in a timely manner involves the ability to sustain concentration, persistence, or pace to permit timely completion of tasks commonly found in work settings.

EXAMPLE: An individual with HIV infection who, because of HIV-related fatigue or other symptoms, is unable to sustain concentration or pace adequate to complete simple work-related tasks (even though he or she is able to do routine activities of daily living) would have marked difficulty completing tasks.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS:

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1633(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security Programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to: SSA 1338 Annex Building Baltimore

Clarification of Terms in the SSA-4814: Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection

The information below is provided to help understand the opportunistic and indicator diseases noted on the SSA-4814. While this form is completed by an applicant's treating physician, it can be useful for those who assist people with HIV/AIDS to understand the meaning of these diseases as well. This document is designed to provide brief definitions of these as they pertain to the SSA definitions, not an in-depth understanding. (Source: AARP Health Illustrated Encyclopedia retrieved from the internet on February 20, 2009; Merck Manual, 18th edition, 2006).

Some of these diseases are extremely rare in people who have healthy immune systems. People with HIV/AIDS, however, have immune systems that are more susceptible to invasion and disease from these bacteria, fungi and protozoa.

Bacterial Infections		
Item #	Term	Description
1.	<i>Mycobacterial Infections</i>	Caused by a specific form of bacteria that typically is airborne or found in food and is either inhaled or ingested. One form of this type of bacteria causes tuberculosis, and another form causes leprosy. This category refers to such infections in places other than the lungs, skin, or cervical, or hilar (duct) lymph nodes.
2.	<i>Pulmonary Tuberculosis, resistant to treatment</i>	Caused by one form of mycobacteria (see above) and is contagious. Infection spreads from one person to another through coughing and sneezing when droplets in the air are inhaled. Symptoms usually occur following a period of time after infection.
3.	<i>Nocardiosis</i>	Caused by bacteria typically found in soil. Infection is generally in the lungs or whole system and can also affect the brain/nervous system. It is more common in men.
4.	<i>Salmonella Bacteremia, recurrent non-typhoid</i>	Caused by bacteria in contaminated foods, including meats. It affects the small intestine and typically causes cramping and/or diarrhea.
5.	<i>Syphilis or Neurosyphilis</i>	A sexually transmitted disease that can occur in three sequential clinical stages called primary, secondary, and tertiary. Primary and secondary syphilis may manifest in part by open sores. If untreated, tertiary syphilis can develop and affect the nervous system and brain (neurosyphilis).
6.	<i>Multiple or Recurrent Bacterial Infection(s)</i>	Includes pelvic inflammatory disease (an infection of female reproductive organs), requiring <i>hospitalization or intravenous antibiotic treatment 3 or more times in 1 year</i> . NOTE: Recurrent infections that do not require IV or hospitalization would not qualify under this category.

Fungal Infections		
Many of these infections affect the lungs because the spores of the fungi become airborne and are inhaled. However, other parts of the body may be affected as well. Note that the SSA requirements often involve having these infections in sites other than the lungs.		
Item #	Term	Description
7.	<i>Aspergillosis</i>	Caused by the spores of a fungus or mold commonly found in plants, soil, and decaying plant matter. Infection usually begins in the lungs but can spread. This infection is not typical in people with HIV/AIDS.

Fungal Infections, continued		
Item #	Term	Description
8.	<i>Candidiasis</i> , at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or candidiasis involving the esophagus, trachea, bronchi, or lungs	Caused by the <i>Candida</i> species of fungi that is commonly found on all surfaces of the body and occasionally causes infection. Often referred to as “yeast infections” (in reference to vaginal or skin infection) or “thrush,” when found in the mouth. Usually relatively easy to treat, but harder in people with compromised immune systems.
9.	<i>Coccidioidomycosis</i> , at a site other than the lungs or lymph nodes	Caused by organisms that live in the soil of semiarid areas. Infection results from inhaling the fungus when dust is raised by disturbance of the soil. Also known as Valley Fever, it is native to California, New Mexico, Arizona and Nevada, as well as Mexico and parts of South America. Symptoms typically include flu-like fever, cough, headache and body aches. In people with compromised immune symptoms, it can spread to other organs including the brain.
10.	<i>Cryptococcosis</i> , at a site other than the lungs	Caused by inhalation of a fungus found in ordinary soil. Usually associated with bird droppings. Infection typically affects the lungs but can spread to the spinal cord and the brain, causing neurological symptoms. Sometimes, lesions or sores appear. Most people in the U.S. who get this infection are people with HIV/AIDS, for whom it can be life threatening.
11.	<i>Histoplasmosis</i> at a site other than the lungs or lymph nodes	Caused by inhalation of a fungus found in soil that has bird or bat droppings. Common locations include chicken houses, lofts, chimneys, houses, attics, or caves; common areas are the Ohio and Mississippi River valleys. Infection generally begins in the lungs but may spread to other organs. Symptoms include fever, trouble breathing, painful red lumps on the skin, fatigue, weight loss, night sweats, and joint stiffness.
12.	<i>Mucormycosis</i>	Caused by common fungi found in soil and decaying vegetation. People with immune disorders may be more susceptible to infection. Infection typically begins in the sinuses or lungs but can spread to the brain, gastrointestinal tract, skin, kidneys or chest cavity. This infection is less common but has a high mortality rate. Immediate treatment is often imperative.

Protozoan or Helminthic Infections

Like fungal infections, these infections are quite rare in individuals with healthy immune systems. Protozoa (tiny parasites) and worms cause these infections.

Item #	Term	Description
13.	<i>Cryptosporidiosis, isosporiasis, or microsporidiosis</i> , with diarrhea lasting for 1 month or longer	Caused by parasites generally found in fecal matter and commonly result from ingesting contaminated water. Infection is in the intestines, and the main symptom is diarrhea. In healthy individuals, the infection generally clears in one month; in those with compromised immune systems, long term diarrhea can cause weight loss and malnutrition. Note that at least one month of diarrhea is required for one of these infections to be considered contributory to disability under SSA rules.
14.	<i>Pneumocystis carinii pneumonia or extrapulmonary pneumocystis carinii infection</i>	Caused by an organism commonly exists in people but doesn't cause illness in healthy people. Infection results in a pneumonia, also known as PCP, with symptoms of rapid breathing or shortness of breath, cough, and fever. Preventive medication is often given to those with HIV/AIDS. This pneumonia can be fatal and requires early treatment.

Protozoan or Helminthic Infections, <i>continued</i>		
Item #	Term	Description
15.	<i>Strongyloidiasis</i> , extra-intestinal	Caused by a tiny roundworm that is invisible to the naked eye and is typically found in warm soil. This worm enters the body through the skin and typically burrows into the intestines. This infection is uncommon in the U.S. and can be prevented by good hygiene.
16.	<i>Toxoplasmosis</i> of an organ other than the liver, spleen, or lymph nodes	Caused by a parasite that is often found in cat feces and in under- or uncooked meats such as lamb, pork, or beef or passed from a pregnant woman to her fetus through the placenta. (It can be contracted through handling cat litter without care.) Infection in healthy individuals may not result in any symptoms, but it can move to the brain, lung, heart, eyes or liver. It may cause confusion/mental status changes in people with HIV/AIDS. Widespread infection can be fatal.

Viral Infections		
A virus is tiny and has to be within a cell to survive. Viral infections are not typically treated with antibiotics. For people with compromised immune systems, viruses are harder to resist and to overcome.		
Item #	Term	Description
17.	<i>Cytomegalovirus disease</i> , at a site other than the liver, spleen, or lymph nodes.	Caused by a herpes virus (related to the one that causes chickenpox) and referred to as CMV. Like other herpes viruses, once in a person's body, this virus stays there forever and is spread through close contact with another's body fluids. Infection results in symptoms like those of mononucleosis; it can lead to serious complications and can be life threatening to those with HIV/AIDS.
18.	<i>Herpes simplex virus</i> causing mucocutaneous infection... lasting for 1 month or longer; or infection at a site other than the skin or mucous membranes...; or disseminated infection.	There are two types of herpes virus, HSV-1 and HSV-2. HSV-1 is usually associated with sores on the lips, mouth and face which are referred to as "cold sores" or "fever blisters." HSV-2 usually causes genital herpes, considered to be a sexually transmitted disease. Herpes lays dormant and then erupts in sores, when it's most contagious; it is spread through contact with a sore and a break in the skin. Once an infection occurs, the virus spreads to the nerves and stays in the body. Prolonged, severe infection can occur in persons with HIV/AIDS and can lead to neurological, skin and lung complications.
19.	<i>Herpes zoster</i> , disseminated or with multidermatomal (skin areas that are fed by a single nerve) eruptions that are resistant to treatment	Caused by the varicella-zoster virus (the same virus that causes chickenpox). Infection (often called "shingles") causes pain, burning and sores on the skin and may cause fever, joint pain, headache, abdominal pain and other symptoms. It is not contagious in the same way that chickenpox is. Serious complications can occur in persons with weakened immune systems.
20.	<i>Progressive multifocal leukoencephalopathy (PML)</i>	Caused by a common virus which typically does not cause symptoms. Infections in persons with compromised immune systems damage the brain. Symptoms include loss of coordination, difficulty with language, weakness of the muscles and other neurological problems and deficits that generally lead to death within a year. However, anti-retroviral treatments may help people with AIDS.

Viral Infections, continued		
Item #	Term	Description
21.	<i>Hepatitis</i> resulting in chronic liver disease manifested by appropriate findings...	Many forms of hepatitis exist. Most common forms seen in people with HIV are hepatitis C and B. To meet this requirement, the applicant must have chronic liver disease. Alcohol dependence is another common cause of liver disease in this population. The listing requirement for this is contained in Module VI.

Malignant Neoplasms		
Malignant neoplasms are better known as cancer. Certain cancers are more prevalent in people with HIV/AIDS and are included on this form.		
Item #	Term	Description
22.	<i>Carcinoma of the cervix</i> , invasive, FIGO stage II and beyond.	Cancer of the cervix. FIGO stands for the International Federation of Gynecology and Obstetrics, which has determined various stages of cancer. Stage II and beyond means the cancer has spread beyond the cervix.
23.	<i>Kaposi's Sarcoma</i> , with extensive oral lesions; or involvement of the gastrointestinal tract, lungs...; or involvement of the skin or mucous membranes. . .	Caused by the herpesvirus-8. Cancer of connective tissue, often associated with AIDS. It can involve the skin, lungs, gastrointestinal tract and other organs. It shows up in red or purple sores on the skin or in the lining of the mouth, nose, throat or other organs. Prior to the HIV/AIDS epidemic, this was an uncommon illness. Early in the epidemic, the symptoms of this disease led to a preliminary understanding of what HIV/AIDS is.
24.	<i>Lymphoma</i> of any type (e.g., primary lymphoma of the brain...):	Cancer of the lymph tissue found in the lymph system that stores and circulates white blood cells to fight infection. Lymphomas are either Hodgkin's or non-Hodgkin's types. People with HIV/AIDS have a greater risk of having this cancer.
25.	<i>Squamous cell carcinoma of the anus</i>	Cancer of the skin that lines the anus.

Skin or Mucous Membranes		
Item #	Term	Description
26.	<i>Conditions of the skin or mucous membranes...</i>	This section refers to skin problems that are more extensive than normal (for example, eczema or psoriasis). Skin problems must be extensive and not responsive to treatment to meet SSA criteria.

Hematologic Abnormalities		
This section refers to blood-related disorders.		
Item #	Term	Description
27.	<i>Anemia</i> (hematocrit persisting at 30 percent or less...)	A condition that involves the red blood cells, which carry oxygen through our bodies. There are many causes of anemia. Often people with anemia feel very tired and have low energy.

Hematologic Abnormalities, <i>continued</i>		
Item #	Term	Description
28.	<i>Granulocytopenia</i> , with absolute neutrophil counts repeatedly below 1,000 cells/mm ³ ...	Involves an insufficient number of white blood cells, called agranulocytes. People with this disorder are more likely to develop infections. This condition may come from a variety of causes. It is also a rare but serious side effect of the psychiatric medication called Clozaril or clozapine.
29.	<i>Thrombocytopenia</i> , with platelet counts repeatedly below...	Refers to a disorder that involves an insufficient supply of blood platelets. Platelets are the blood cells that help blood to clot.

Neurological Abnormalities		
Item #	Term	Description
30.	<i>HIV encephalopathy</i>	This term refers to the direct effects of HIV on the brain. HIV encephalopathy may appear as symptoms of a mental illness. In its most severe form, HIV infection can result in dementia, a disorder that includes confusion, poor memory, disorientation, disorganized thinking, and problems with controlling impulses.
31.	<i>Other neurological manifestations of HIV infection</i> (e.g., peripheral neuropathy)...	HIV/AIDS can cause problems throughout the nervous system. Appropriate neurologic evaluation of such problems is critical to accurate diagnosis and treatment.

Other: HIV Wasting Syndrome, Diarrhea, Cardiomyopathy, Neuropathy		
Item #	Term	Description
32.	<i>HIV wasting syndrome</i> , characterized by involuntary weight loss of 10 percent or more of baseline...	HIV infection damages the gastrointestinal (GI) tract at the time of initial infection; GI problems are common among people with HIV. Wasting involves chronic diarrhea that can last a month or more or chronic weakness with fever. One of the greatest challenges for people with HIV/AIDS is maintaining appropriate weight and nutrition. This is especially true for individuals who are living in marginal situations such as homeless shelters. Loss of weight can make fighting infection even more difficult.
33.	<i>Diarrhea</i> , lasting for 1 month or longer...and requiring intravenous hydration...	Diarrhea is a frequent problem for people with HIV/AIDS. The standard here is a stringent one that requires not only a particular duration of diarrhea but also a need for significant medical intervention.
34.	<i>Cardiomyopathy</i> (chronic heart failure, or cor pulmonale...)	A weakening of the heart muscle that can lead to other problems. Cor pulmonale is a problem specifically with the right side of the heart. Symptoms include discomfort in the chest, shortness of breath, difficulty with exercise, and swelling in the ankles and/or feet. The most common form of heart disease and heart failure is coronary artery disease (CAD). Antiretroviral medication for HIV can increase the risk for CAD.
35.	<i>Nephropathy</i>	A disorder that leads to kidney dysfunction. To be used as the basis of disability, the individual must have chronic renal (kidney) failure--progressive and ongoing problems with kidney function. HIV infection can cause HIV-associated nephropathy.

Infections Resistant to Treatment or Requiring Hospitalization or Intravenous Treatment 3 or More Times in 1 Year

For these disorders to be considered, they must lead either to hospitalization or IV treatment at least 3 times in 1 year. Often individuals experience these health problems but do not meet this standard.

Item #	Term	Description
36.	<i>Sepsis</i>	A severe illness in which the blood stream is overwhelmed with infection. The entire body is involved.
37.	<i>Meningitis</i>	An infection that causes inflammation of the tissue around the brain and spinal cord.
38.	<i>Pneumonia (non-PCP)</i>	A general term for infection of the lungs that has many causes. It often begins with breathing problems. Pneumonia is a common illness in the U.S. that is generally treatable. However, it can be quite severe and even fatal. In people with HIV/AIDS, any problems with breathing should be investigated immediately.
39.	<i>Septic arthritis</i>	Caused by bacterial infection. Symptoms include inflammation of a joint.
40.	<i>Endocarditis</i>	An inflammation of the lining of the heart.
41.	<i>Sinusitis, radiographically documented</i>	Often a bacterial infection of the sinuses. A definitive diagnosis requires a positive x-ray. SSA will consider this diagnosis, but only when the infection is persistent, requiring hospitalization or IV treatment at least 3 times in 1 year.

Release of Information

Authorization to Disclose
Information to the Social
Security Administration
(SSA 827)

Sample Agency Release

Sample Medical Request
Letter

List of Medical Information



WHOSE Records to be Disclosed

NAME (First, Middle, Last)

SSN

Birthday
(mm/dd/yy)

SSA USE ONLY NUMBER HOLDER (If other than above)

NAME

SSN

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my **eligibility for benefits**, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am **capable of managing benefits ONLY** (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN ►

IF not signed by subject of disclosure, specify basis for authority to sign

Parent of minor Guardian Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

Street Address

Phone Number (with area code)

City

State

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ►

Phone Number (or Address)

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN ►

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631 (e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs(VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send **only** comments relating to our time estimate to this address, not the completed form.

Sample Agency Authorization for Release of Information

Name of Individual: _____ Birth Date: ___/___/_____
Last First MI mm/dd/yyyy

I authorize the following health care provider:

Hospital, Agent or Treatment Program

to provide

Name of Individual or Organization to Which Disclosure is to be Made

Information about my HIV status (including HIV test results and information about my diagnosis and treatment for HIV-related conditions, including AIDS), admission and discharge summaries, all medical testing and treatment results and any additional treatment, including mental health treatment, that is needed to enable the persons and agencies listed above to assist and coordinate the provision of information for the following purpose:

Obtaining Social Security disability benefits

Dates of Hospitalization(s): *All Dates*

Dates of Services Provided: *All Dates*

I understand that health information is protected by 45 CFR and that HIV-related, STD-related, and TB-related information about me are protected by State law and cannot be disclosed except as authorized by State law.

I understand that I may revoke this consent at any time except to the extent that action has already been taken based on it and that this consent expires one (1) year from the date signed unless otherwise stipulated.

Signed: _____ **Date:** _____

Date: _____
Signature of Parent, Relative or Legal Guardian, where applicable

Witness: _____ **Date:** _____

Any individual or agency receiving this information is prohibited from making further disclosure of this information

Sample Medical Records Request Letter

Re:
DOB:
SSN:

Dear _____ :

Our program serves adults living with HIV/AIDS and helps them obtain income, services, and other resources. Part of this effort is to help individuals apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), two disability income programs operated by the Social Security Administration (SSA). In addition to providing needed income support for beneficiaries, both programs provide medical insurance (Medicaid or Medicare), which could reimburse your facility for future care you provide this individual as well as possibly cover some retroactive bills.

To be eligible for disability benefits, individuals must make sure that their medical records are provided to the State agency that Social Security contracts with to make disability determinations, called Disability Determination Services (DDS). Without this medical information, eligibility for desperately needed benefits is unlikely.

You have provided medical services to the above referenced person. I have enclosed two releases of information (one for SSA and one for our provider agency) signed by the above individual. If you would please send me your medical information as soon as possible, I will ensure that this information is sent on to the DDS for review.

For you to have a sense of what is needed from your records, I also have enclosed with this letter a list of medical information that can be extraordinarily helpful. Your cooperation is critical for the success of this application and for the recovery of this person.

If you have any questions, please do not hesitate to contact me at _____ . I thank you in advance for your swift response to this request.

Sincerely,

Medical Information for SSI/SSDI

- Admission notes
- Physical examination reports
- Laboratory test results and reports
- Other diagnostic evaluations such as x-rays, CT scans, MRI results, etc.
- Psychiatric evaluations
- Psychosocial history reports (usually from social workers)
- Psychological testing results and reports
- Occupational therapy reports
- Neurological evaluations
- Neuropsychological testing reports
- Any additional evaluation reports
- Progress notes for duration of each treatment episode
- Discharge summaries

MODULE 5

Eligibility Criteria and the Sequential Evaluation

Slide 94

Introduction

This module focuses on the process that DDS uses to determine disability. The full SSA definition of disability is one that goes beyond the diagnosis; it also considers the impact of the diagnosis on the individual's life, functioning, and ability to work. It is important to keep in mind, especially for people with HIV/AIDS, that other mental and/or physical illnesses often play a role in eligibility.

Module Topics

- Criteria for Eligibility
- Tying Diagnosis to Functional Information
- Sequential Evaluation

Criteria for Eligibility

1. Medically Determinable Physical or Mental Impairment

Illness(es) must either meet or be equivalent to the “listing” criteria used by DDS. Supporting information must be documented in medical records.

2. Duration

The impairment tied to the illness(es) must have lasted OR be expected to last 12 months or more OR be expected to result in death.

3. Functional Information

Applicant must demonstrate that significant functional impairment related to the illness(es) exists.

Slide 95

Medically Determinable Physical and/or Mental Impairment

- The diagnosis must meet *or be equivalent to* a diagnosis in the “listing” used by DDS, *Disability Evaluations Under Social Security* (found at <http://www.ssa.gov/disability/professionals/bluebook>, Adult Listings, Part A)

Duration

- Under SSA, there is no such thing as a temporary disability for which a person can apply for short-term benefits

Significant Functional Impairment

- Functional impairment must clearly be tied to a person’s illness

Diagnosis and Functioning

- Comprehensive histories are critical to understanding illnesses that affect functioning
- If mental illness is present, an accurate diagnosis is needed
- Functional information fleshes out the information provided in the diagnosis
- Case managers typically observe functioning

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Linking Diagnosis and Functional Information

- Functional information addresses the effect of an illness on ability to work

- Case managers are key to providing functional information

Areas of Functional Information

- I Activities of daily living
- II Social functioning
- III Concentration, persistence and pace
- IV Repeated episodes of decompensation
*(Applies only to impairment associated
with mental illness)*

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Four Areas of Functional Information

- Activities of daily living

- Social functioning

- Concentration, persistence, and pace

- Repeated episodes of decompensation

Determining Impairments Based on HIV/AIDS

- For HIV/AIDS, DDS considers the first three functional areas when determining functional impairment

- To be eligible for SSI/SSDI, the applicant must demonstrate marked impairment in at least one of these functional areas

- Functional areas are often not addressed in medical evidence, so case managers should provide illustration of impairment in these areas

Determining Impairment for Diagnosis of Mental Impairment

- For mental illness, four functional areas are considered; the fourth area is “repeated episodes of decompensation, each of extended duration”

Sequential Evaluation

- **Step 1** – Is person working?
 - At SGA – person is denied
 - Below SGA – move to Step 2
- **Step 2** – Does person have a severe impairment?
 - No. Person is denied
 - Yes. Move to Step 3
- **Step 3** – Does impairment meet or equal the listing requirements?
 - Yes. Person is approved.
 - No. Move to Step 4
- **Step 4** – Does impairment allow for past relevant work to be done?
 - Yes. Person can do past work. Person is denied
 - No. Move to Step 5
- **Step 5** – Can person do any other work, considering age, education, work history?
 - Yes. Person is denied.
 - No. Person is approved.

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Sequential Evaluation

- SSA requires that DDS adhere to a five-step process called a sequential evaluation to determine eligibility for benefits
- This evaluation illustrates the high standard that SSA uses to determine disability
- The aim for everyone involved in the process – SSA, DDS, and advocates – is to ensure that the most accurate determinations are made regarding an individual's disability

Step 1 – Is the person working?

- Determined by SSA
- If working – meet SGA?
- Not working? – moves on to DDS

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Step 1 – Is the Person Working?

Step 2 – Does the person have a severe impairment?

- Physical activities involved in work: walking, standing, lifting, carrying, etc.
- For HIV and/or mental illness, other functional areas
 - Completing activities of daily living
 - Social functioning
 - Cognitive functioning
 - Decompensation episodes of extended duration (mental illness only)

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Step 2 – Does the Person Have a Severe Impairment?

Step 3 – Does the impairment meet or equal the listing?

- “Listing” – a list of specifically defined impairments (both physical and mental)
- A case manager is often the major connection to resources for people with HIV/AIDS
- Sufficient medical evidence and functional impairment must be documented
- ***A person may be found disabled at this step and begin receiving benefits***

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Step 3 – Does the impairment meet or equal the “listing” requirement?

- Step 3 is critical; it is the first step at which a person can be determined as eligible

- A person may be found disabled at this step and begin receiving benefits

- To be found disabled at this step, an applicant has to provide medical evidence that either matches or is equivalent to a single illness or a combination of illnesses in the “listing”

Step 4 – Does the impairment allow for past relevant work?

- DDS assesses applicant's *residual functional capacity*
- DDS acknowledges that the person has an impairment and asks: *Can the person still do relevant work despite this impairment?*

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Step 4 – Does the Impairment Allow for Past Relevant Work to Be Done?

Step 5 – Can the person do any other work?

- Examining person's past work history, age and education, DDS determines whether or not the person can do other work that exists in the national economy
- It does not matter whether the work exists in the individual's home town – *Does work exist that this person can do?*
- Determined through *Dictionary of Occupational Titles*
- To deny a person at this step, DDS needs to articulate three jobs that the person can do

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Step 5 – Can the Person Do Any Other Work, Considering Age, Education, Work History?

Approval?

- **Step 3 is critical**
- Steps 4 and 5 are more subjective and more difficult to assess
- Case manager's role immeasurable in providing medical proof
- Time necessary to process claim and receive benefits shortened if approved at Step 3

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Approval – Why Is Step 3 Considered Critical?

- It is the first step at which a person can be approved for benefits

Denial

- Step 1 – If applicant is working and earning at SGA level or higher
- Step 2 – If person does not have a severe impairment
- Step 4 – If impairment does not affect a person's ability to do past relevant work
- Step 5 – If alternative work can be found

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Denial

- An applicant may be denied at steps 1, 2, 4, and 5

Step 1 – If an Applicant is Working and Earning at a Level of SGA or Higher

- The level of SGA is determined at SSA and is considered part of the non-medical criteria

- If a person is consistently working at the level of SGA, the application will not go further

Step 2 – If a Person Does Not Have a Severe Impairment

- Serious illness is not equivalent to severe impairment

- Without severe impairment, the application is denied

- The illness may be sometimes difficult to manage, but the individual may be functioning fairly well

Step 4 – If the Impairment Does Not Affect a Person’s Work

Step 5 – If Alternative Work Can Be Found

- The *Dictionary of Occupational Titles* is a cumbersome publication that lists all jobs, including uncommon ones

- Technically, a disability examiner could use any of the jobs listed in this manual to support an ability to work

Considering Eligibility

TRAINING EXERCISE G

Read the scenarios, answer the questions and be prepared to discuss:

- What are possible diagnoses and what information points to these?
- Are these diagnoses enough to qualify under SSA's listings?
- Is additional information necessary to make a compelling argument for disability?

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Introduction

This exercise underscores the point that eligibility for benefits must follow a five-step sequential evaluation.

Scenario One

Denise is a 25-year-old woman who had some difficulties in school as a child and was diagnosed with a learning disability. She has since completed college and worked as an ombudsman in a public health clinic, where she is well liked and effective. She was married briefly and divorced when she learned that her husband was using IV drugs. Recently, she decided to be tested for HIV, just in case, and was stunned to find out that she has the HIV virus. Fortunately, thus far, she has been well physically. However, she found herself feeling so anxious that she sought mental health treatment and is now taking medication for this and attending therapy. For the last several months, she has been unable to work as she manages these health concerns. She is hoping to return soon but currently requires a great deal of support from family and friends to meet her needs.

1. Do you think Denise has any illnesses that could be considered for disability?

Why?

2. In your opinion, do you think there is enough information to make a determination?

Why?

3. What additional information might be needed or helpful for the application?

Scenario Two

Hank is a 45-year-old man who has lived with his partner, George, for the past 3 years. Shortly after beginning to live with George, Hank was tested and learned that he had the HIV virus. Since then, he has been treated with antiretroviral medications; his viral load has decreased, and his CD4 count has been up and down. Despite treatment, he has experienced several episodes of HIV-related diseases, including persistent and treatment-resistant thrush, PCP, and diarrhea that has resulted in significant weight loss and has lasted for 3 months. In between these episodes, Hank has continued ongoing employment, although, for the past year, he consistently worked at most 3 months at a time. Besides these HIV-related illnesses, Hank also is in treatment for hypertension and ongoing allergies. Prior to being diagnosed as HIV positive, Hank managed a private non-profit company for roughly 15 years. Despite these difficulties, Hank remains optimistic and hopeful about his life and continues to try to work, however episodically. George, a CEO of a medium-sized company, is very supportive and is willing to help Hank as much as possible.

1. Do you think Hank has any illnesses that could be considered for disability?

Why?

2. In your opinion, do you think there is enough information to make a determination?

Why?

3. What additional information might be needed or helpful for the application?

Scenario Three

Jose, a 52-year-old man, came to California from Mexico as an adolescent with his mother and two sisters. The family fled the father's abuse especially to Jose whom he often beat for no reason. Jose left school at 16 and traveled around the country. Even though he had almost completed high school, he was unable to read. He worked odd jobs in different places and stayed fairly consistently employed, despite multiple moves. He struggled with other people and continued to think about the brutality of his father. He often felt so worthless that he considered ending his life. He began to drink at 17 and gradually started using other drugs, including marijuana, cocaine, and, ultimately, IV heroin. He felt less troubled when he was high and, though part of him knew this was not the best solution, it was the only one he knew.

About 5 years ago, Jose took an HIV test and was found to be positive. Because he moved so much, he never had steady health insurance and did not follow up on treatment. He often felt fatigued, weak, and had a bad cough. He also found that he could not remember things as he used to and became easily confused. He did get substance use treatment and, though he continued to drink, stopped all other drugs. On one of his jobs, he suffered a back injury and could no longer do heavy lifting or manual labor, so he picked up odd jobs here and there. His confusion worsened. His moving around meant he essentially lived on the streets or in shelters and relied on other people to give him a hand.

1. Do you think Jose has any illnesses that could be considered for disability?

Why?

2. In your opinion, do you think there is enough information to make a determination?

Why?

3. What additional information might be needed or helpful for the application?

Summary

- Understanding SSA disability criteria is critical
- Understanding the disability determination process helps case managers to develop more effective information
- Knowing eligibility criteria can greatly assist in deciding which services and/or income resources to pursue

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Summary

- To serve all individuals most effectively, a case manager's understanding of the SSA's disability criteria is critical
- A case manager is often the major connection to resources, including income and services, for people with HIV/AIDS
- Knowing eligibility criteria can greatly assist in deciding which services and/or income resources to pursue

Handy Tips

Can the Applicant Work?

- DDS must determine if a person is able to do substantial gainful activity – can they work?
- The case manager’s role is to collect information, present it clearly, and ensure that all aspects of eligibility are covered comprehensively and accurately
- To assist DDS in answering questions about ability to work, it is essential to provide observations and descriptions of the person’s functional abilities (in the four functional areas discussed)
- SSA and DDS must draw the conclusions as to disability
- Include this functional description is included in the Medical Summary Report, the components of which are described in Modules 10-13

A Five-Step Process

- Aiming to provide information so a person can be found eligible at Step 3 (Does the impairment meet or equal the listing?) can shorten the process and expedite benefits
- Steps 4 and 5 require more subjective assessment and add time to the process
- Case managers must help applicants to provide all information regarding current and past treatment
- Become a “clinical Columbo” or “clinical detective” by inquiring about emergency room visits, brief hospital stays, treatment in other localities, medical interventions during residential drug treatment or during incarceration – including treatment prior to one’s awareness of HIV infection

MODULE 6

Medical Information on HIV and the “Listings”

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Introduction

This module provides and reviews:

- The “listing” for HIV criteria
- How to consider incorporating the listing in the provision of medical information
- A scenario in which a person has HIV but may be found eligible based on other criteria

It is important for case managers and treating professionals to keep in mind that the SSA listing is not the same as the CDC or other treatment guidelines. The listing is a document that maps out SSA’s rules used to determine disability. In this instance, these rules apply to people with HIV. While clinical recommendations for treatment may state one definition, the listing may not consider that disease in exactly the same way. Disability under SSA rules considers the impact of an illness on a person’s functioning and ability to work. These are often separate considerations from treatment.

Module Topics

- The Listing for HIV
- How Other Listings May Apply to People with HIV
- Purpose of the “Listing” or “Blue Book” Used by DDS
- Medications Used to Treat HIV and Associated Diseases

Listing of Impairments - Adult Listings (Part A)

- 1.00 – Musculoskeletal System
- 2.00 – Special Senses and Speech
- 3.00 – Respiratory System
- 4.00 – Cardiovascular System
- 5.00 – Digestive System
- 6.00 – Genitourinary System
- 7.00 – Hematological Disorders
- 8.00 – Skin Disorders
- 9.00 – Endocrine System
- 10.00 – Impairments that Affect Multiple Body Systems
- 11.00 – Neurological
- 12.00 – Mental Disorders
- 13.00 – Malignant Neoplastic Diseases
- 14.00 – NEW! Immune System Disorders (Changes effective 6/16/08)

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“Blue Book” or “Listings”

- Refers to the book entitled *Disability Evaluations under Social Security*
- It provides “an overview of the disability programs administered by SSA and the kinds of information health professionals can furnish to help ensure sound and prompt decisions on disability claims”
- HIV/AIDS is included under Immune System Disorders, which was updated on 6/16/08
- On-line at <http://www.socialsecurity.gov/disability/professionals/bluebook>
- An applicant’s impairment may not meet or be equivalent to one listing but could be found eligible under another one

14.00 Immune System Disorders

- 14.01 – Category of Impairments, Immune System Disorder
- 14.02 – Systemic lupus erythematosus
- 14.03 – Systemic vasculitis
- 14.04 – Systemic sclerosis (scleroderma)
- 14.05 – Polymyositis and dermatomyositis

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Section 14.00 Immune System Disorders

- This listing, like most others, includes a general discussion about the various sections contained in the listing
- The general discussion in immune system disorders includes information that is important to keep in mind
- In this general section, HIV is specifically discussed under 14.08F

Listing: 14.00F
Documenting HIV

- Documenting HIV Infection
- CD4 Tests
- Documentation of the Manifestation of HIV Infection
- HIV Infection Specific to Women
- Involuntary Weight Loss
- Side Effects that Limit Functioning

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Specific Considerations for HIV

- Documenting HIV Infection

- CD4 Tests

Documenting the Manifestations of HIV Infection

HIV Infection Specific to Women

Involuntary Weight Loss

Consideration of Side Effects

- Side Effects of Medications
 - Acute or ongoing side effects
 - Frequency of doses of medications
- Side Effects of Treatment
 - Accumulation of effects from various treatment
 - Duration of treatment
 - Impact of treatment on mental functioning

Slide 112

Side Effects That Limit Functioning

Listing 14.08
Human Immunodeficiency Virus
(HIV) Infection

Excerpt From:

Disability Evaluations Under Social Security

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Listing 14.08: Human Immunodeficiency Virus (HIV) Infection

14.08 Human immunodeficiency virus (HIV) infection

With documentation as described in 14.00F and one of the following:

A. Bacterial infections:

1. Mycobacterial infection (for example, caused by *M. avium intracellulare*, *M. kansasii*, or *M. tuberculosis*) at site other than the lungs, skin, or cervical or hilar lymph nodes, or pulmonary tuberculosis resistant to treatment; or
2. Nocardiosis; or
3. Salmonella bacteremia, recurrent non typhoid; or
4. Multiple or recurrent bacterial infections, including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment three or more times in a 12-month period.

OR

B. Fungal infections:

1. Aspergillosis; or
2. Candidiasis involving the esophagus, trachea, bronchi, or lungs, or at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or
3. Coccidioidomycosis, at a site other than the lungs or lymph nodes; or
4. Cryptococcosis, at a site other than the lungs (for example, cryptococcal meningitis); or
5. Histoplasmosis, at a site other than the lungs or lymph nodes; or
6. Mucormycosis; or
7. Pneumocystis pneumonia or extrapulmonary Pneumocystis infection.

OR

C. Protozoan or helminthic infections:

1. Cryptosporidiosis, isosporiasis, or microsporidiosis, with diarrhea lasting for 1 month or longer; or
2. Strongyloidiasis, extra intestinal; or
3. Toxoplasmosis of an organ other than the liver, spleen, or lymph nodes.

OR

D. Viral infections:

1. Cytomegalovirus disease (documented as described in 14.00F3b(ii)) at a site other than the liver, spleen, or lymph nodes; or
2. Herpes simplex virus causing:
 - a. Mucocutaneous infection (for example, oral, genital, perianal) lasting for 1 month or longer; or
 - b. Infection at a site other than the skin or mucous membranes (for example, bronchitis, pneumonitis, esophagitis, or encephalitis); or
 - c. Disseminated infection; or
3. Herpes zoster:
 - a. Disseminated; or
 - b. With multidermatomal eruptions that are resistant to treatment; or
4. Progressive multifocal leukoencephalopathy.

OR

E. Malignant neoplasms:

1. Carcinoma of the cervix, invasive, FIGO stage II and beyond; or
2. Kaposi's sarcoma with:
 - a. Extensive oral lesions; or
 - b. Involvement of the gastrointestinal tract, lungs, or other visceral organs; or
3. Lymphoma (for example, primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non Hodgkin's lymphoma, Hodgkin's disease); or
4. Squamous cell carcinoma of the anal canal or anal margin.

OR

F. Conditions of the skin or mucous membranes (other than described in B2, D2, or D3, above), with extensive fungating or ulcerating lesions not responding to treatment (for example, dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal Candida, condyloma caused by human Papillomavirus, genital ulcerative disease).

OR

G. HIV encephalopathy, characterized by cognitive or motor dysfunction that limits function and progresses.

OR

H. HIV wasting syndrome, characterized by involuntary weight loss of 10 percent or more of baseline (computed based on pounds, kilograms, or body mass index (BMI)) or other significant involuntary weight loss as described in 14.00F5, and in the absence of a concurrent illness that could explain the findings. With either:

1. Chronic diarrhea with two or more loose stools daily lasting for 1 month or longer; or
2. Chronic weakness and documented fever greater than 38°C (100.4°F) for the majority of 1 month or longer.

OR

I. Diarrhea, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding.

OR

J. One or more of the following infections (other than described in A-I above). The infection(s) must either be resistant to treatment or require hospitalization or intravenous treatment three or more times in a 12-month period.

1. Sepsis; or
2. Meningitis; or
3. Pneumonia; or
4. Septic arthritis; or
5. Endocarditis; or
6. Sinusitis documented by appropriate medically acceptable imaging.

OR

K. Repeated (as defined in 14.00I3) manifestations of HIV infection, including those listed in 14.08A J, but without the requisite findings for those listings (for example, carcinoma of the cervix not meeting the criteria in 14.08E, diarrhea not meeting the criteria in 14.08I), or other manifestations (for example, oral hairy leukoplakia, myositis, pancreatitis, hepatitis, peripheral neuropathy, glucose intolerance, muscle weakness, cognitive or other mental limitation) resulting in significant, documented symptoms or signs (for example, severe fatigue, fever, malaise, involuntary weight loss, pain, night sweats, nausea, vomiting, headaches, or insomnia) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Consideration of Other Listings

If impairment does not meet Immune System Disorders listing (14.00)

- Impairment might meet other listing
- Examples:
 - Heart problems under Cardiovascular System, 4.00
 - Kidney disease under Genitourinary System, 6.00

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Consideration of Other Listings

- Impairments may not meet the criteria under Immune System Disorders or be equivalent to the listing

- In these instances, other diagnoses and impairments are considered

Considering the Listings

TRAINING EXERCISE H

- Read the scenario presented
- Does this information likely meet the HIV listing?
- If yes, what section?
- If not, is there another listing that might be met?
- Identify documentation needed to support your decision

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Introduction

This exercise underscores the essential use of the listings in SSA's disability determination process.

Scenario

Georgia is a 36-year-old mother of three children, ages 10, 8, and 6. She found out that she is HIV positive four years after the birth of her last child. She is 5'5" tall and normally weights 150 pounds. Over the last six months, she has lost 22 pounds. She is concerned about this as she feels her normal weight is healthy, and she has not been trying to lose weight. She has had diarrhea for the last three months that is almost constant but feels okay otherwise. She figures the diarrhea is due to the stress that she feels.

Georgia likes her treating medical staff and feels very comfortable with them. She feels that they listen to her, consider her complaints carefully and address them well. Although she finds that the antiretroviral medication regimen is difficult for her to follow given the demands of her life, she does the best she can to maintain it. Despite this and other treatment, Georgia notices some health problems, especially increased fatigue. Generally, she feels that she manages the demands of her life fairly well.

She has been experiencing some intermittent but persistent pelvic pain, but has decided not to bother her doctor about this. When the pain hits, it is severe enough to cause her to double over. After about 10 minutes, it seems to subside. She feels that she just does not have the time now to deal with this and hopes it will go away. She notices that she has felt increasingly worried about her HIV status and is fearful that she will not remain well enough to raise her children. She has a supportive mother, but her mother's health is poor, so Georgia isn't sure how much help her mother can give her. Her husband works two jobs and is frequently out of the house. She has recently

Medications

- *Commonly Used Medications for HIV and Associated Illnesses*
- People with HIV/AIDS often have to follow a demanding medication regimen
- Side effects of these medications are key considerations
- Be sure to ask about *ALL* prescribed medications

Slide 116

Medications

- People who are living with HIV/AIDS often need to follow a demanding medication regimen with multiple medications
- Many of these medications can have powerful and debilitating side effects
- The chart at the end of the module (page 17) provides basic information on frequently used medications, their purpose, and their generic and brand names
- Familiarity with these medications can help case managers identify the existence of certain illnesses and/or symptoms

Categories of Mental Impairments

(according to the Blue Book)

Organic Mental Disorders
Schizophrenia, Paranoia, and other Psychotic Disorders
Affective Disorders
Mental Retardation
Anxiety-Related Disorders
Somatoform Disorders
Personality Disorders
Substance Addiction Disorders
Autistic Disorder and Other Pervasive Developmental
Disorders

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Categories of Mental Impairments

Summary

- When thinking about diagnosis, consider:
- *Commonly Used Medications for HIV and Associated Diseases*
- How understanding diagnosis informs practice and relationships with those we serve

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Summary

When thinking about diagnosis, consider:

- What needs to be addressed for SSI/SSDI purposes
- How understanding diagnosis informs practice and relationships with those we serve

Handy Tips

SSA Listings

- Refers to the manual entitled Disability Evaluations Under Social Security
- Sometimes referred to as the “Blue Book”
- Up-to-date information about the listings can be found on the Social Security web site, <http://www.socialsecurity.gov/disability/professionals/bluebook>

Different Than Clinical Diagnostic Manual

- SSA listings are different than a clinical diagnostic or treatment manual
- SSA focuses on the impact of an illness on the person’s ability to work, not diagnosis and treatment
- The sole function of the Listings is to provide specific criteria for disability benefit eligibility

Considerations Beyond Listing 14.08: Human Immunodeficiency Virus (HIV) Infection

- Medications can have disabling side effects, including those to treat HIV/AIDS, opportunistic diseases, mental health and other medical disorders
- If impairment does not meet Immune Disorders Listings (14:00), impairment might meet other listings
- Disability may be determined for persons with multiple health problems where any one health problem would not meet the criteria

Common Antiretroviral Medications for HIV

	Generic Name	Trade Name
	Lamivudine	Epivir
	Abacavir	Ziagen
	Zidovudine	Retrovir
	Didanosine	Videx or Videx EC
	Emtricitabine	Emtriva
	Tenofovir	Viread
	Abacavir & Lamivudine	Epzicom
	Zidovudine & Lamivudine	Combivir
	Tenofovir & Emtricitabine	Truvada
	Delavirdine	Rescriptor
	Etravine	Intelence
	Efavirenz	Sustiva
	Nevirapine	Viramune
	Tipranavir	Aptivus
	Fosamprenavir	Lexiva
	Darunavir	Prezista
	Indinavir	Crixivan
	Lopinavir & Ritonavir	Kaletra
	Nelfinavir	Viracept
	Ritonavir	Norvir
	Saquinavir	Invirase
	Raltegravir	Isentress
	Enfuvirtide	Fuzeon
	Maraviroc	Selzentry

Common Medications for Fungal Infections

Infection	Generic Name	Trade Name
<i>ASPERGILLOSIS</i>	Voriconazole*	Vfend
	Liposomal amphotericin B*	Ambisome, Amphotec or Abelcet
	Caspofingin*	Cancidas
	Micafungin*	Mycamine
	Anidulafungin	Eraxis
	Posaconazole	Noxafil
	Fluconazole	Diflucan
	Itraconazole	Sporanox
<i>CRYPTOCOCCAL MENINGITIS</i>	Amphotericin B*	Fungizone
	Flucytosine	Ancobon

*Medication administered intravenously

Common Medications for Fungal Infections continued

Infection	Generic Name	Trade Name
<i>CANDIDIASIS</i>	Floconazole	Diflucan
	Clotrimazole	Mycelex
	Nystatin	Mycostatin
	Itraconazole	Sporanox
	Ketoconazole	Nizoral
	Gentian violet	Genapax
	Miconazole	Monistat vaginal cream
<i>HISTOPLASMOSIS</i>	Liposomal amphotericin B*	Ambisome, Amphotec or Abelcet
	Itraconazole	Sporanox
Common Medications for Bacterial Infections		
Infection	Generic Name	Trade Name
<i>BACTERIAL DIARRHEA</i>	Ciprofloxacin	Cipro
	Lavofloxacin	Levaquin
	Moxifloxacin	Avelox
	Cefotaxime	Claforan
	Ceftriaxone*	Rocephin
	Trimethoprim/Sulfamethoxazole (SMZ/TUP)	Bactrim/Septa
	Azithromycin	Zithromax
	Metronidazole	Flagyl
	Vancomycin	Vancocin
<i>BACTERIAL PNEUMONIA</i>	Amoxicillin	Amoxil
	Amoxicillin-clavulanate	Augmentin
	Cefodoxime	Vnatin
	Cefuroxime	Ceftin
	Clarithromycin	Biaxin
	Azithromycin	Zithromax
	Doxycycline	Oracea/Monodox
	Levofloxacin	Levaquin
	Moxifloxacin	Avelox
<i>MYCOBACTERIUM AVIUM COMPLEX</i>	Clarithromycin	Biaxin
	Azithromycin	Zithromax
	Rifabutin	Mycobutin
<i>MYCOBACTERIUM KANSASII</i>	Above plus: Rifampin	Rifamate
<i>SYPHILS/NEUROSYPHILIS</i>	Penicillin	N/A

*Medication administered intravenously

Common Medications for Viral Infections		
Infection	Generic Name	Trade Name
<i>CYTOMEGALOVIRUS</i>	IV Ganciclovir	Cytovene
	IV Foscarnet	Foscavir
	IV Cidofovir	Vistide
	Ganciclovir implant	Vitrasert
	Valganciclovir	Valcyte
<i>HEPATITIS C</i>	Interferon-alfa	Roferon A/Intron/Intergen
	Pegylated interferon	Pegasys/PEG-Intron
	Ribavirin	Rebetol/Copegus
<i>HERPES SIMPLEX & HERPES ZOSTER</i>	Acyclovir	Zovirax
	Valacyclovir	Vlatrex
	Famciclovir	Famvir
	Trifluridine	Viroptic
	Foscarnet*	Foscavir
<i>PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY</i>	Cytosine arabinoside	Cytosar-U/DepoCyt
	Topotecan	Hycamtin
	Cidofovir	Vistide
Common Medications for Protozoan Infections		
Infection	Generic Name	Trade Name
<i>CRYPTOSPORIDIOSIS</i>	Antiretroviral drugs (see above)	
	Nitazoxanide	Alinia
<i>MICROSPORIDIOSIS</i>	Albendazole	Albenza
	Itraconazole	Sporanox
<i>PCP</i>	Pentamidine	N/A
	Clindamycine-primaquine	Cleocin
	Trimethoprim-Dapsone	N/A
	Trimetrexate-leucovorin	N/A
	Aerosolized pentamidine	NebuPent
<i>TOXOPLASMOSIS</i>	Pyrimethamine	Daraprim
	Leucovorin	Wellcovorin
	Sulfadiazine	N/A
Common Medications for Malignant Neoplasms		
Infection	Generic Name	Trade Name
<i>KAPOSI'S SARCOMA</i>	Alitretinoin	Panretin
	Vinblastine	Velban
	Radiation, liquid nitrogen, anti-retroviral medication	
	Interferon-alfa	Roferon-A/ IntronA
	Liposomal chemotherapy	Foxil/DaunoXome
	Other standard chemotherapy	
<i>LYMPHOMAS</i>	Chemotherapy, radiation, surgery	
	Rituximab	Rituxan

*Medication administered intravenously

Common Medications for Hematologic (Blood) Abnormalities		
HEMATOLOGIC (BLOOD) ABNORMALITIES		
<i>THROMBOCYTOPENIA</i>	Prednisone	N/A
	Gamma Globulin	Gammagard SD
	Rho[D] Immune Globulin	WinRho
<i>ANEMIA</i>	Darbopoetin	Aranesp
	Erythropoetin	Procrit, Epogen
	Filgrastim	Neupogen

Listings for Mental Impairments



12.02 Organic Mental Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.02 Organic Mental Disorders

Psychological or behavioral abnormalities associated with a dysfunction of the brain. History and physical examination or laboratory tests demonstrate the presence of a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities.

The required level of severity for these disorders is met when the requirements of both A and B are satisfied, or when the requirements of C are satisfied.

A. Demonstration of a loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one (1) of the following:

1. Disorientation of time and place; or
2. Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past); or
3. Perceptual or thinking disturbances (e.g., hallucinations, delusions); or
4. Change in personality; or
5. Disturbance in mood; or
6. Emotional lability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
7. Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on a neuropsychological test (e.g., Luria-Nebraska, Halstead-Reitan, etc.).

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

OR

C. Medically documented history of a chronic organic mental disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

12.03 Schizophrenia, Paranoia, and Other Psychotic Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.03 Schizophrenia, Paranoia, and other Psychotic Disorders

Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

The required level of severity for these disorders is met when the requirements of both A and B are satisfied, or when the requirements of C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one or more of the following:

1. Delusions or hallucinations; or
2. Catatonic or other grossly disorganized behavior; or
3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. Blunt affect; or
 - b. Flat affect; or
 - c. Inappropriate affect; or
4. Emotional withdrawal and/or isolation.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

OR

C. Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

12.04 Affective Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.04 Affective Disorders

Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.

The required level of severity for these disorders is met when the requirements of both A and B are satisfied, or when the requirements of C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four (4) of the following:
 - a. Anhedonia or pervasive loss of interest in most activities; or
 - b. Appetite disturbance with change in weight; or
 - c. Sleep disturbance; or
 - d. Psychomotor agitation or retardation; or
 - e. Decreased energy; or
 - f. Feelings of guilt or worthlessness; or
 - g. Difficulty concentrating or thinking; or
 - h. Thoughts of suicide; or
 - i. Hallucinations, delusions, or paranoid thinking; or
2. Manic syndrome characterized by at least three (3) of the following:
 - a. Hyperactivity; or
 - b. Pressure of speech; or
 - c. Flight of ideas; or
 - d. Inflated self-esteem; or
 - e. Decreased need for sleep; or
 - f. Easy distractibility; or

- g. Involvement in activities that have a high probability of painful consequences that are not recognized; or
 - h. Hallucinations, delusions, or paranoid thinking; or
3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes).

AND

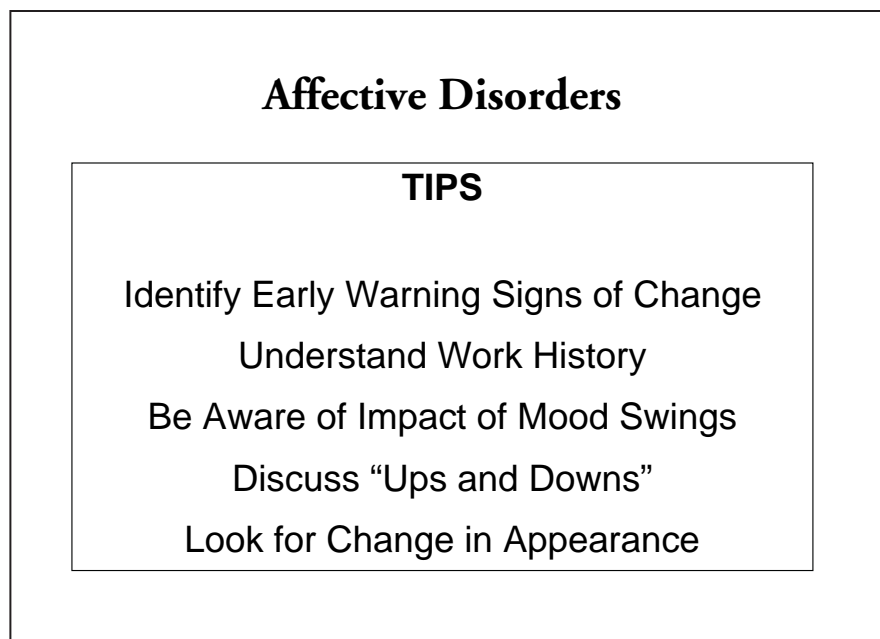
B. Resulting in at least two of the following:

- 1. Marked restriction of activities of daily living; or
- 2. Marked difficulties in maintaining social functioning; or
- 3. Marked difficulties in maintaining concentration, persistence or pace; or
- 4. Repeated episodes of decompensation, each of extended duration.

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

- 1. Repeated episodes of decompensation, each of extended duration; or
- 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
- 3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

**Note: DSM**

- The *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM) refers to the symptoms in this listing as diagnoses of Mood Disorders

Terms

- Manic – characterized by an elevated mood that includes such behaviors or symptoms as decreased sleep, raised self-esteem, grandiose thinking, rapidly changing thoughts, and irritability
- Anhedonia – loss of interest in usual activities that give one pleasure
- Psychomotor agitation – excessive activity, in either movements or thinking, that usually is not productive and is in response to inner tensions
- Psychomotor retardation – noticeably slower thought, speech, and movement
- Pressured speech – speech that is very fast, difficult to interrupt, and has many more words than necessary

Identify Early Warning Signs of Change

- A person who has bipolar disorder experiences tremendous and distressing feelings of loss of behavioral control when his or her mood shifts
- Actions that appear to be willful often are a symptom of the illness
- A case manager should work with an individual to target the early signs of an impending mood shift to help manage the change more effectively
- For a depressed person, case managers must be aware of declining changes in mood early on
- These early warning signs may be different for each person

Understand the Work History

- A comprehensive work history can provide a measurement of the vacillating course of a person's illness
- Often, a person with bipolar disorder does well in a work setting for brief periods of time: a few weeks or months
- A case manager may find that an employment history for such a person is filled with multiple jobs of short duration
- Additionally, job endings may include a number of firings or abrupt resignations
- Understanding a person's experience in a work setting helps to identify the impact of the illness

Be Aware of the Impact of Mood Swings

- A case manager can sometimes feel overwhelmed when serving a person with bipolar disorder
- On some occasions, the individual will have boundless energy and be quite irritable while, at other times, the person will be so depressed that the case manager is working against a tide of suicidal thoughts and behavior
- During this depressed phase, a person may have huge difficulty accomplishing simple tasks, such as getting up, washing, and eating
- This staggering change in energy and ability can be overwhelming to both the individual and to those who try to assist
- To avoid succumbing to this feeling, a case manager needs to develop strategies that help ease the situation and are empathic to the experience
- For example, a case manager might redirect conversation calmly and consistently and arrange tasks in a series of simple phases that will lead to accomplishment
- A written list of steps to be followed helps a person who is feeling manic focus on the tasks to be accomplished
- Also, identifying triggers that may lead up to a depressive episode can reduce the depth of that experience

Discuss the "Ups" and the "Downs"

- When documenting the effects of bipolar disorder, a case manager needs to discuss the different symptom periods
- Discuss how these symptoms affect a person's behavior and ability to accomplish and manage daily functions

Look for Clues in Appearance

- Frequently, a case manager may find a clue to a person's possible manic disorder in his or her appearance
 - People may dress noticeably differently than their typical style
 - Perhaps in brighter colors, unusual combinations of clothing items, more jewelry, using make-up (more makeup or brighter colors)
 - Additionally, the individual may ask to be called by different, non-applicable names, such as doctor, reverend, or mayor
 - Conversely, a person who is depressed may not maintain his or her hygiene, may not change clothes, or may appear disheveled or not cared for
-

12.05 Mental Retardation

Excerpt From:

Disability Evaluations Under Social Security

12.05 Mental Retardation

Mental retardation refers to significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22.

The required level of severity for these disorders is met when the requirements of A, B, C, or D are satisfied.

A. Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow directions, such that the use of standardized measures of intellectual functioning is precluded;

OR

B. A valid verbal, performance, or full scale IQ of 59 or less;

OR

C. A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or mental impairment imposing an additional and significant work-related limitation of function;

OR

D. A valid verbal, performance, or full scale IQ of 60 through 70, resulting in at least two (2) of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

12.06 Anxiety-Related Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.06 Anxiety-Related Disorders

In these disorders, anxiety is either the predominant disturbance or it is experienced if the individual attempts to master symptoms; for example confronting the dreaded object or situation in a phobic disorder or resisting the obsessions or compulsions in obsessive compulsive disorders.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in both A and C are satisfied.

A. Medically documented findings of at least one (1) of the following:

1. Generalized persistent anxiety accompanied by three (3) out of four (4) of the following signs or symptoms:
 - a. Motor tension; or
 - b. Autonomic hyperactivity; or
 - c. Apprehensive expectation; or
 - d. Vigilance and scanning; or
2. A persistent irrational fear of a specific object, activity, or situation, which results in a compelling desire to avoid the dreaded object, activity, or situation; or
3. Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average at least once a week; or
4. Recurrent obsessions or compulsions that are a source of marked distress; or
5. Recurrent and intrusive recollections of a traumatic experience that are a source of marked distress.

AND

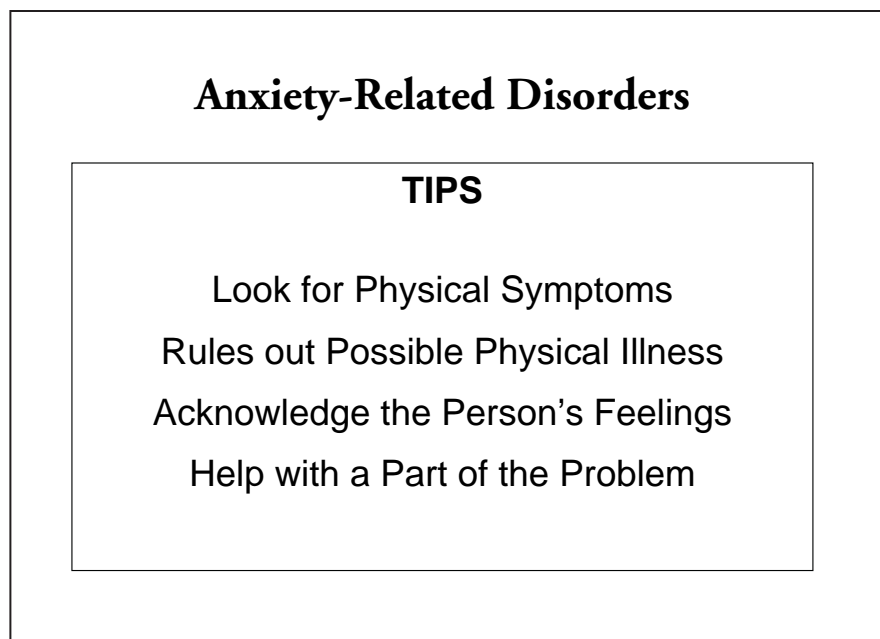
B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

OR

C. Resulting in complete inability to function independently outside the area of one's home.



Look for Physical Symptoms

- When working with someone who might have an anxiety-related disorder, look for outward signs of the anxiety, such as difficulty breathing, wringing hands, sweaty hands, shaking or trembling, and dizziness or faintness
- These can be assessed with common evaluations such as checking blood pressure or heart rate
- While these symptoms may be attributable to another difficulty, they may also signal anxiety

Rule Out Possible Physical Illness

- While a thorough physical examination is important for every individual applying for disability benefits, it is especially critical for people with anxiety, whose symptoms may be linked to physical illness

Acknowledge the Person's Feelings

- A person with anxiety worries and experiences a great deal of tension and other feelings that most often are not founded on a concrete or realistic threat
- He or she can feel a terrible loss of control, have difficulty focusing, and feel unable to deal with present situations and problems
- Acknowledge these feelings, as well as how overwhelming such tension, worry, and fear must be for the individual
- Keep in mind that post-traumatic stress disorder (PTSD) falls under this listing
- People with PTSD often experience frequent startle responses, exaggerated vigilance, unwillingness or fear of sleeping in the dark, nightmares, and/or flashbacks

Help with Part of the Problem

- To help the person establish control over some portion of his or her life, work with the person to divide the application tasks into steps that the person can manage
- To avoid overwhelming the person or adding to anxiety, focus on one part of the person's overall problems at a time and work to help with just that one part before moving on to the next task

Trauma

- Anxiety may involve a history of trauma
- If a case manager is not skilled in discussing trauma with people, he or she should not do so
 - Talking about trauma is difficult
 - Case managers who feel overwhelmed or uncomfortable with such a discussion should not initiate it
- Safety
 - Case managers must ensure safety at all times when working with someone with a trauma history or with individuals currently experiencing abuse
 - Be certain that a person will be safe after discussing traumatic experiences
 - If there is any doubt about safety, it must be resolved before the interview or conversation ends
 - Be sure not to create any additional risk to the person
- Elicit only enough information to understand a person's traumatic experiences and how they might affect the person's functioning
 - Unearthing graphic detail is not usually helpful and can be harmful to the individual
 - Be careful not to "re-traumatize"

12.07 Somatoform Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.07 Somatoform Disorders

Physical symptoms with no demonstrable organic findings or known physiological mechanisms.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

A. Medically documented by evidence of one of the following:

1. A history of multiple physical symptoms of several years duration, beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly; or
2. Persistent non-organic disturbance of one of the following:
 - a. Vision; or
 - b. Speech; or
 - c. Hearing; or
 - d. Use of a limb; or
 - e. Movement and its control (e.g., coordination disturbance, psychogenic seizures, akinesia, dyskinesia); or
 - f. Sensation (e.g., diminished or heightened).
3. Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

12.08 Personality Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.08 Personality Disorders

A personality disorder exists when personality traits are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective distress. Characteristic features are typical of the individual's long-term functioning and are not limited to discrete episodes of illness.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

A. Deeply ingrained, maladaptive patterns of behavior associated with one of the following:

1. Seclusiveness or autistic thinking; or
2. Pathologically inappropriate suspiciousness or hostility; or
3. Oddities of thought, perception, speech and behavior; or
4. Persistent disturbances of mood or affect; or
5. Pathological dependence, passivity or aggressivity; or
6. Intense and unstable interpersonal relationships and impulsive and damaging behavior;

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.

12.09 Substance Addiction Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.09 Substance Addiction Disorders

Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

The required level of severity for these disorders is met when the requirements in any one of the following (A through I) are satisfied.

- A. Organic mental disorders (evaluate under 12.02)**
- B. Depressive syndrome (evaluate under 12.04)**
- C. Anxiety disorders (evaluate under 12.06)**
- D. Personality disorders (evaluate under 12.08)**
- E. Peripheral neuropathies (evaluate under 11.14)**
- F. Liver damage (Evaluate under 5.05)**
- G. Gastritis (Evaluate under 5.04)**
- H. Pancreatitis (evaluate under 5.08)**
- I. Seizures (evaluate under 11.02 or 11.03)**

12.10 Autistic Disorder and Other Pervasive Developmental Disorders

Excerpt From:

Disability Evaluations Under Social Security

12.10 Autistic Disorder and other Pervasive Developmental Disorders

Characterized by qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often, there is a markedly restricted repertoire of activities and interests, frequently are stereotyped and repetitive.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

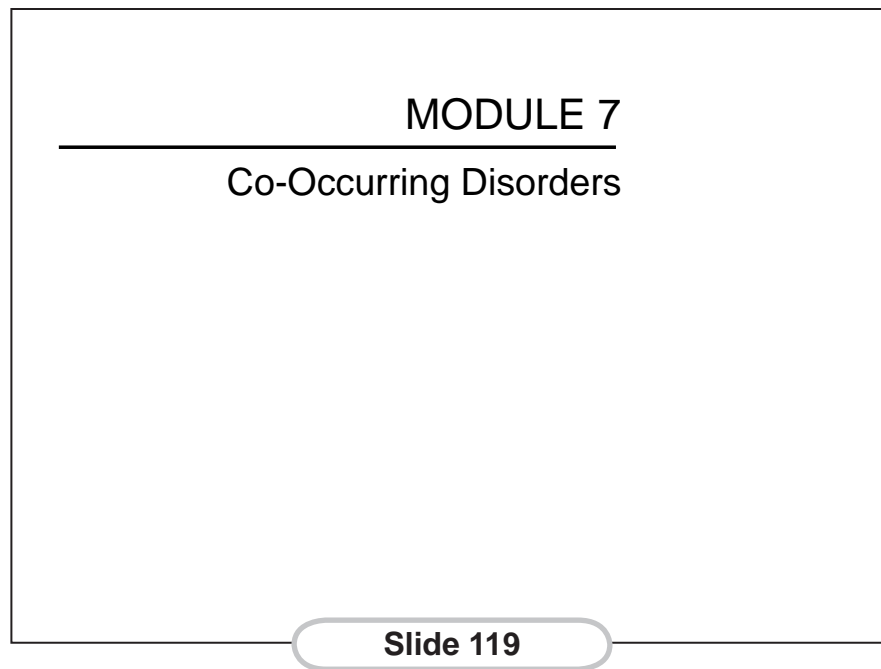
A. Medically documented findings of the following:

1. For autistic disorder, all of the following:
 - a. Qualitative deficits in reciprocal social interaction; and
 - b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity; and
 - c. Markedly restricted repertoire of activities and interests; or
2. For other pervasive developmental disorders, both of the following:
 - a. Qualitative deficits in reciprocal social interaction; and
 - b. Qualitative deficits in verbal and nonverbal communication and in imaginative activity.

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence or pace; or
4. Repeated episodes of decompensation, each of extended duration.



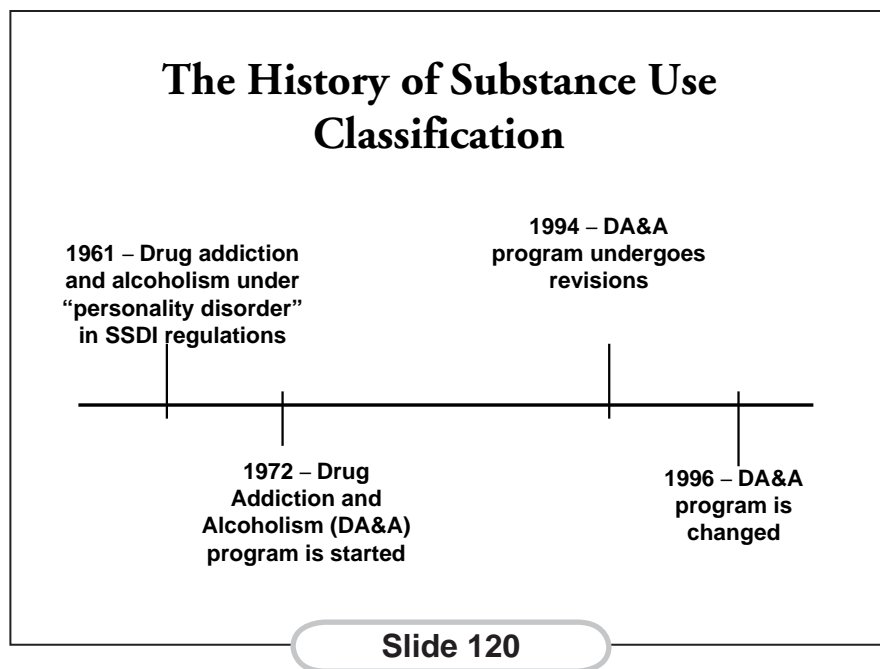
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Introduction

Providing DDS with a complete picture of a person's complex health status that involves HIV is difficult. Adding a substance use disorder can make disability determination even more complicated and challenging.

Module Topics

- History of Substance Use Classification for Disability Purposes by SSA
- Determining if Substance Use Disorder Is Material in Disability Determination
- Gathering Information About a Person's Substance Use



Controversial Issue

- Providing benefits to people who have substance use disorders has long been a controversial issue within SSA

- Since the inception of the SSI and SSDI programs, legislators and administrators have struggled with the incorporation of substance use into the categorization of disabilities used to determine eligibility for benefits

Is Substance Use “Material”?

- Question: If the person were clean and sober, would he or she meet disability criteria based on disorder(s) other than substance use?
 - *If yes*, substance use is not “material”
(The person does not have to be clean and sober for this assessment to be made)
 - *If no*, substance use is “material”
(The person then would likely not qualify)

Slide 121

Consideration of the Concept of “Material”

- Currently, the law states that, if substance use is deemed “material” to a person’s disability, benefits are denied
- “Material”:
 - If the substance use were removed, the person would meet disability criteria based on other disorder(s)
 - Despite sobriety, these disorders would remain, and the applicant would likely meet disability criteria
 - In these instances, substance use is not material

Team Effort

- Do not assume automatic denial
- The synergy of substance use and other disorders
- The pitfalls of commonly asked questions
- Phrasing of questions is important
- Focus on learning full history and impact of life experiences

Slide 122

Team Effort

- Understanding someone's substance use is often a team effort that requires skilled assessment
- Case managers need to ensure that a comprehensive evaluation is done and to consult with others in assessing whether substance use is "material"

Do Not Assume Automatic Denial

Synergy of Substance Use and Other Disorders

The Pitfalls of Commonly Asked Questions Phrasing of Questions Is Important

Focus on Learning Full History and Impact of Life Experiences

Three Applicant Vignettes

TRAINING EXERCISE I

- Is the substance use likely to be considered “material” to the disability?
- Why or why not?

Slide 123

Introduction

Is substance use “material” to an individual’s disability? Sometimes the answer to this question seems impossible to determine. This activity explores ways to assess and report on a person’s substance use.

The Story of Stan

When Stan was a youngster he was quiet and somewhat withdrawn. He grew up with his mother and stepfather. Sam’s stepfather was a big, husky guy with a booming voice who often intimidated Stan and Stan’s mother. The stepfather would drink heavily and become physically and verbally abusive to both Stan and his mother. Sometimes, when the stepfather would return from a bar, he would wake Stan up and beat him for some perceived transgression. Afraid of the stepfather, Stan’s mother did not intervene.

Stan grew into a teenager who had very few friends. His school work was poorly done as he remained anxious and frightened. He did not tell anyone about the abuse at home because he was ashamed. Starting around age 13, he thought about suicide. At one point, at age 14, Stan tried to hang himself from a pipe in the garage. His mother found him and released him, comforting and chastising him at the same time. They agreed to keep this a secret from Stan’s stepfather.

Stan barely finished high school. His teachers noticed that he had no energy, appeared sad, and that he spoke to no one. They sent him to the school’s guidance counselor who found Stan to be very depressed. He remained in counseling for a brief period and then quit, feeling that this did not help. He took up drinking and found that it helped his overwhelmingly sad thoughts to go away for a while. He began smoking marijuana. He liked the calm that this drug gave him.

After he left high school, Stan continued to drink, smoke marijuana and then began using heroin intravenously. He would try to reduce his use and, on occasion, stopped the heroin use. However, he continued to smoke marijuana. He felt more depressed when he stopped using heroin and would resume its use. Over the years, he had several part-time jobs—at a fast food chain, as a warehouse worker, in a building supply yard, and at a supermarket—but these jobs were brief. He couldn't keep up with the work, was often late, or simply did not show up. Eventually, he was fired from all his jobs. Such rejections made him feel more depressed and desperate, and the vicious cycle continued. He frequently thought of killing himself. He continued to live at home off and on. His mother and stepfather had divorced so Stan felt relatively safe returning to his mother's home.

About 18 months ago, at the age of 29, Stan was found to be HIV positive. As he thought about how his life had gone downhill, he became more depressed. About 12 months ago, Stan was so depressed that he cut his wrists severely. His mother found him and called an ambulance. For the first time, he was hospitalized and given a thorough assessment and began treatment. Although his substance use continues, it has slowly decreased.

Stan has had no opportunistic infections and his HIV status is being monitored. He is in mental health treatment but remains quite depressed. However, his suicidal thoughts have decreased somewhat. He takes medications, though not always as prescribed, because he feels these pills don't help. He does attend his clinic appointments regularly. He also acknowledges the difficult work he must do to manage his depression, to cope with his HIV status, and to understand how to manage his feelings without using. However, this effort is daunting to him and, despite his best efforts, he continues to use. He is still unable to work and lives at home with his mother, who looks out for him. He has begun to understand the major depression that has haunted him most of his life.

- Is Stan's substance use likely to be considered material in a determination of disability?
- Why or why not?
- Is HIV currently a factor in the determination of Stan's disability?
- Why or why not?
- What else might you want to know?

The Tale of Tiffany

Tiffany grew up in a large family with six younger siblings. As the oldest Tiffany was expected to help care for her younger brothers and sisters. Her parents both worked two jobs. Even though Tiffany understood why her parents asked her to help, she resented it. She felt that she should be able to do more of what she wanted to do.

In school, Tiffany was very successful academically. However, socially, especially in high school, she was awkward, unpopular, somewhat demanding of others, and she worried about her future. She began to spend time with teens who were drinking and found she liked partying quite a bit. Initially, she drank beer just on weekends, often consuming 6-12 beers a night. She kept this use hidden from her parents and felt that she was just getting along, doing what other kids did.

After high school, Tiffany went to a community college to study math. She transferred to finish at a four-year college. While in college, Tiffany's alcohol use increased to a nightly occurrence, and she began experimenting with other drugs. After a year of increased use, Tiffany found it affected her life and grades, and she sought treatment. She was able to stop using.

After college, Tiffany got a good job working with computers. At her job, she met Dennis whom she married. Tiffany was not aware that Dennis had been lying to her and didn't have a steady job. She found that she had to carry most of the workload in the family. After two years of marriage Tiffany had a son, Lou. After his birth Tiffany began having health problems that she at first attributed to stress, the demands of her marriage and a newborn. She was treated for severe anemia, a vaginal yeast infection, and thrush. She began having chronic sinus infections and also was treated for genital warts. This led her doctor to test Tiffany for HIV. Feeling that there was no way that she was HIV positive, she was stunned when the test results came back. Dennis later confessed that he had been with other women during their marriage and had become infected. Tiffany did not know what to do, as she still loved Dennis but felt betrayed. She decided to try to make her marriage work but later learned that Dennis was not as invested in it as she was.

Tiffany soon felt overwhelmed and began to drink again. Her use quickly increased and it seemed her entire life was falling apart. Her health worsened, and she had to take a leave from her job. She hoped to return in a few months and began to feel desperate about the family's finances.

- Is Tiffany's substance use likely to be considered material in the determination of disability?
- Why or why not?

- Is HIV currently a factor in the determination of Tiffany's disability?
- Why or why not?
- What else might you want to know?

The Narrative of Nick

Nick grew up in a tough neighborhood where fights and abuse were commonplace. His mother hit him with a frying pan for the slightest transgressions. His father was a quiet, studious man who felt that raising Nick and his three brothers should be left up to their mother. When his mother wasn't hitting him, she was yelling at him, loudly, and calling him names.

In school, he did poorly. He and his brothers didn't dress like the other kids since his family couldn't afford nice clothes. The other children made fun of his tattered clothing. He felt ashamed while in school and tried to avoid going as much as possible. He would hide in the woods, feeling embarrassed. He experienced frequent headaches, especially after a night of his mother's hitting and hollering. As time went on, the headaches rarely subsided.

Sometimes the school bully would find him hiding and would beat on him as well. Somehow, Nick managed to graduate from high school and entered the Navy. Away from the abuse he did well. Though he was a bright young man, he found it difficult to follow directions and concentrate. He developed different tools (reminders, notes to himself to help him remember) so he could do his different jobs. He made friends and joined them in their partying, which included the use of alcohol and cocaine. Despite his feeling better about himself and his life, the headaches continued on a daily basis. He found that smoking marijuana seemed to ease these headaches, so he began smoking on a regular basis.

In the Navy, Nick realized that he was sexually attracted to men. Nick was able to keep this information from his superiors and progressed through the ranks. As time went on, Nick worked hard and kept using. He found he was not being promoted like the other servicemen and asked why. He was told that his work was not comparable to the others and promotions were unlikely. The headaches worsened as did his use of alcohol and drugs. He began to engage in unprotected sex, finding that the attention of his lovers helped him to feel better.

Finally, Nick decided that the headaches were too much, and he went for an evaluation. The doctor recognized that Nick had trouble thinking and processing certain information. Subsequent neuropsychological testing found that Nick had severe global cognitive deficits.

Shortly after this testing was done, Nick tested positive for HIV. He was referred for treatment to a HIV specialist by his primary care doctor and began antiretroviral treatment. His CD4 count is currently 214; his viral load, with treatment, is at 600,000. He finds himself battling fatigue and intermittent unexplained fevers. His substance use has continued. He felt he couldn't keep his Navy position any longer and resigned from the Navy. He has finally decided to apply for SSI/SSDI.

- Is Nick's substance use likely to be considered material in a determination of disability?
- Why or why not?
- Is HIV currently a factor in the determination of Nick's disability? Why or why not?
- What else might you want to know?

Gathering Information About Substance Use

- Have a comprehensive sense of what the substance use means to the person
- Ensure that adequate evaluation is done when needed
- Recognize the challenges of assessing a person's disability
- Use the *Substance Use Worksheet* as a tool for assessment

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Gathering Information About Substance Use

Summary

- Substance use often co-occurs with other illnesses, including HIV and mental illness
- To understand a person's substance use, the context and meaning is important
- Learning about context and meaning requires careful questioning
- Understand the concept of "material"

Slide 125

Summary

- Substance Use Often Co-Occurs with Other Illnesses, Including HIV and Mental Illness
- Context and Meaning of Substance Use Is Important
- Learning About Context and Meaning Requires Careful Questioning
- Understand the Concept of "Material"

Handy Tips

Substance Use and Disability

- While clearly it is in a person's best medical interest to discontinue use of alcohol and other drugs, sometimes the person is unable to embark on addiction recovery
- The fears and anxiety of having HIV may contribute to ongoing substance use
- It is not necessary that a person be alcohol and drug-free to receive SSA benefits
- However, substance use disorder cannot be the basis of disability
- If the person's substance use is not "material" to disability, he or she may still be eligible

Trust

- Reassurance and trust are necessary to elicit accurate information about substance use
- People may be reluctant to provide this information fearing that
 - It will disqualify them for benefits or services
 - That there will be legal repercussions
 - That it could impact family, relationships, or visitation with children or family
- Be patient, reassuring, and persistent

Asking About Substance Use

- Use neutral language to help understand the individual's experiences.
- Avoid words that require interpretation such as "abuse," "dependence," or "addiction."
- Asking about drug use in terms of "what, when, how often, how much, what was spent, or periods of greatest use," is of minimal benefit
- Ask questions that help to clarify the "meaning" or role of the substance use: "Why do you use drugs? How do the drugs make you feel? How do you feel when you do not use drugs?"

Co-Occurring Disorders

- People with substance use disorders often have co-occurring disorders
- Examine how lifestyle may be related to other illnesses that may not have been diagnosed
- Explore whether the person has a co-occurring mental illness or trauma-related disorder
- Determine if the person has experienced accidents or other physical trauma that may have resulted in traumatic brain injury
- Note that veterans of war (particularly recent wars) frequently have trauma-related mental disorders and/or traumatic brain injury

Worksheet 4 Substance Use Worksheet

Name _____

DOB _____

SSN _____

GENERAL HISTORY

(Detailed information is listed on Worksheet 6, the Applicant Assessment form. Information on brain damage and past abuse is taken from that assessment.)

Brain damage history (due to head injury, illness, or substance use)? Yes No

History of physical abuse? Yes No

History of sexual abuse? Yes No

Diagnosis of serious and persistent mental illness? Yes No

List diagnoses: Axis I: (clinical disorders)

Axis II: (personality disorders, mental retardation)

Axis III: (physical health problems)

SUBSTANCE USE HISTORY

What do you drink now? About how much? What other drugs do you use, about how much, and (usually) how often? *(Obtain clarification if the person says something like “a little,” or “alot,” or “not much.”)*

Do you recall how old you were when you first started drinking (or using other drugs)?

What was going on in your life then? How was your life going?

What do you think made you decide to drink and/or use other drugs?

When you drank or used drugs, how did you feel? What was the effect of your use on your life?

What happened since that time? How would you describe your life since you've been using? What do you think affected how much you drank alcohol or used other drugs?

What is your substance of choice now (if you could use any alcohol or other drug that you wanted, what would it be)? Why do you prefer this drug? How does it make you feel? What does it do?

How old were you when you drank/used drugs the most? What was going on at that time?

Have you ever tried to limit your substance use? If yes, what happened?

Have you ever experienced blackouts (when you didn't remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?

Have you ever been in any treatment for your substance use? If yes, what kind of treatment? What was that like for you? Was it helpful? In what way?

Do you feel your substance use is a problem? Can you tell me why?

If you tried to stop drinking or using drugs now, what do you think would happen? How do you think you would do? How would you feel?

FUTURE STEPS

Further evaluation needed? Yes No

If yes, what type of evaluation?

Appointment dates for needed evaluation(s)			
Place	Address	Phone Number	Type of Evaluation

Interviewer _____

Date _____

MODULE 8

Collecting the Medical Evidence: The Usual Process

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Introduction

The usual process for collecting medical evidence can be fraught with difficulties for people who are uninsured and who don't have consistent treatment records. This module examines the typical process for collecting medical evidence and the challenges in gathering this evidence. It also discusses the role of consultative examinations, also known as CEs.

Module Topics

- The Usual Process of Gathering Medical Evidence
- Possible Difficulties in the Process
- Consultative Exams

The Role of DDS – Review

- DDS = Disability Determination Services
- DDS makes disability determinations
- Non-medical evidence is processed at SSA; must meet criteria
- SSA sends to DDS: SSA-3368 Disability Report, SSA-3369 Work History Report, and SSA-827 Releases of Information
- DDS gathers and reviews the medical evidence
- DDS may request a consultative exam
- DDS renders disability determination
- SSA makes notification

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Disability Determination Services – DDS

- Disability Determination Services (DDS) is the State agency that contracts with SSA to make disability determinations
- Each State has its own DDS, which exists under various State departments

Usual Process for Collection of Medical Evidence

- Disability Report and releases of information sent to DDS
- DDS sends releases to medical records departments of hospitals, clinics, and other providers
- Medical records staff take information from individual's record and sends back to DDS
- DDS contacts treating sources for additional information, if needed
- Decision?
 - Information may – or may not – be submitted
 - If information submitted and sufficient, decision is made
 - If information is not submitted or is insufficient, a consultative examination may be scheduled

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Usual Process for Collection of Medical Evidence

Medical Evidence Is at the Heart of Disability Determination

- Medical evidence must be linked to functional impairment

Possible Difficulties in Usual Process

Medical Records Staff

- May send only specified or recent information
- Often unfamiliar with SSA/DDS process
- Rarely send progress notes – course of illness

Records often do not address functional information

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Only Specified or Recent Information May Be Sent

Medical Records Staff May Not Know the SSA/DDS Process

Time Is Lost Waiting

Additional Difficulties

Inconsistent treatment

Acute treatment

Missing information from records

Forgotten treatment

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Inconsistent Treatment

Acute Treatment

Missing Information from Records

Forgotten Treatment

Consultative Exams (CEs)

- Additional examination by medical source
- Required by DDS when there is insufficient information to make determination
- DDS schedules from provider list – or qualified medical source

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Consultative Exam (CE)

- Is an evaluation that the DDS examiner schedules and DDS pays for when additional information is needed to make a decision

- Additional information may include diagnosis, functional information, severity of impairment, duration, etc.

CE Conducted By

- “An acceptable medical source”

- Generally physicians, psychologists, and a small subset of other medical providers

CEs...

Benefits	Drawbacks
<ul style="list-style-type: none">• Additional information• May be done by treating physician or psychologist• DDS can request and pay for evaluations yet to be done	<ul style="list-style-type: none">• Fairly cursory• May be done by professional unknown to individual• Presenting self in best light• Minimize impact of illness

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Benefits of Consultative Examinations

Drawbacks of Consultative Examinations

Steps to Take

- Help ensure the appointment is kept
- Fully explain the CE to the applicant
- Encourage person to tell his or her health-related “struggles”
- Explain that no special preparation or dress is required
- See *Consultative Examinations: A Guide for Health Professionals* at the end of this module

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Steps Case Managers Can Take

Summary

- Medical evidence is the heart of disability determination
- Diagnosis and resulting impairment are determined through medical records
- Only physicians and psychologists (and some other health professionals) can make diagnosis
- Other health care professionals can provide valuable information on functional impairment
- Consultative examinations have both benefits and drawbacks

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Summary

Handy Tips

Case Managers as Collaborators

- Collaboration and communication with all stakeholders, including medical records department directors and staff, can expedite the process and address usual difficulties
- This is a key case manager role
- Offering training to staff of medical records departments can be very useful in obtaining important information from records
- Emphasize to healthcare providers the financial advantages of cooperating in the provision of information for SSI – getting Medicaid helps to pay for uncompensated care costs
- Write a letter to thank administrators in facilities or programs where medical records staff have been helpful

Consultative Exams

- Consultative exams (CEs) are ordered only when the available information is insufficient for DDS to make a determination
- Having a diagnostic evaluation done prior to the submission of records and other information is not the same as a CE
- When CEs are ordered, prepare the applicant
 - Explain the reason for the appointment and its importance
 - Example: “This is the doctor who wants to know the difficulties you’ve been experiencing to determine your eligibility for benefits. You don’t have to worry about hiding anything you’ve been feeling from this person. Simply answer the questions honestly and tell all that you feel is important to help the doctor understand.”
 - Use sensitivity in explaining that it is not necessary to dress up or clean up especially for this appointment, or to “impress” the physician
 - Example: “This doctor just wants to see you as you usually are. Don’t worry about making a special effort to dress up. Just be yourself and that will be just fine.”

Ensure that the Appointment Is Kept

- In many States, DDS agencies will only reschedule for a total of two to three appointments. Not keeping an appointment can lead to a denial
- Discuss the where, when and how of getting to the appointment
- Medical and mental health disorders can make it difficult for the person to navigate the process of keeping the CE appointment
 - If the person experiences sleep difficulties, fatigue, sedating side effects from medication, or chronic pain, it may be difficult to awaken for an early appointment
 - Make sure that the person can follow the directions, has transportation, and possibly someone to accompany him or her

Consultative Examinations: A Guide for Health Professionals*

Adult Consultative Examination Report Content Guidelines

Part IV - Adult Consultative Examination Report Content Guidelines

The following are guidelines for minimum content requirements for CE reports on adult claimants. Each DDS will notify medical sources of any additional requirements.

Elements of a Complete Consultative Examination (CE)

A complete CE is one that involves all the elements of a standard examination in the applicable medical specialty. When the report of a complete CE is involved, the report should include the following elements:

- The claimant's major or chief complaint(s);
- Detailed description, within the area of specialty of the examination, of the history of the major complaint(s);
- Description, and disposition, of pertinent "positive" and "negative" detailed findings based on the history, examination, and laboratory tests related to the major complaint(s), and any other abnormalities or lack thereof reported or found during examination or laboratory testing;
- Results of laboratory and other tests (e.g., x-rays) performed in accordance with the requirements provided by the DDS.
- Diagnosis and prognosis for the claimant's impairment(s);
- Statement about what the claimant can still do despite his or her impairment(s), unless the claim is based on statutory blindness. This statement should describe the opinion of the consulting medical source about the claimant's ability, despite his or her impairment(s), to do work-related activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling; and, in cases of mental impairment(s), the opinion of the medical source about the individual's ability to understand, to carry out and remember instructions, and to respond appropriately to supervision, coworkers, and work pressures in a work setting; and
- The consultative medical source will consider, and provide some explanation or comment on, the claimant's major complaint(s) and any other abnormalities found during the history and examination or reported from the laboratory tests. The history, examination, evaluation of laboratory test results, and the conclusions will represent the information provided by the medical source who signs the report.

* <http://www.socialsecurity.gov/disability/professionals/greenbook/ce-adult.htm>

Report Content by Specific Impairment

Internal Medicine

The detail and format for reporting the results of the history, physical examination, laboratory findings, and discussion of conclusions should follow the standard reporting principles for a complete internal medical examination.

- **Source of History**

The medical source should indicate from whom the history was obtained and should provide an estimate of the reliability of the history.

- **History of Present Illness**

The chief complaint(s) alleged as the reason for not working should be discussed in detail, including:

- Factors which increase the problem or impairment(s);
- How long the problem has been present;
- Factors which may provide relief; and
- The claimant's description of how the impairment(s) limits the ability to function.

Pertinent descriptive statements by the claimant, such as a description of chest pain, should be recorded in the claimant's own words.

The information must be in a narrative, rather than "questionnaire" or "check-off" format.

- **Past History**

This should describe other prior illnesses, injuries, operations, or hospitalizations and give the dates of these events.

- **Current Medication should be listed by name of drug and dose.**

- **Review of Systems should describe and discuss:**

Other complaints and symptoms the claimant has experienced relative to the specific organ systems, and

The pertinent negative findings, which would be considered in making a differential diagnosis of the current illness or in evaluating the severity of the impairment.

- **Social History**

This should include pertinent findings about use of tobacco products, alcohol, nonprescription drugs, etc.

- **Family History should be presented, if pertinent.**

- **Signs**

The vital signs should include:

- Blood pressure;
- Pulse rate;
- Respiratory rate; and
- Height and weight without shoes.

The physical examination must provide a description of the claimant's general appearance and pertinent behavior during the examination (e.g., for back complaint, how the claimant stood or walked, got up from a chair, and got on and off the examination table).

- This description must be in narrative, rather than "questionnaire" or "check-off" form.
- The report should present aspects of the examination dealing with the claimant's major and minor complaints in particular detail, describing both pertinent negative and positive findings.

Pelvic examinations should not be performed unless specifically authorized.

Specific range of motion of a joint should be reported in degrees for joints in which there is a significant limitation of motion.

NOTE: If a joint is found to have no abnormality of range of motion on gross examination, that fact should be stated rather than reporting the degree of motion.

- **Laboratory Tests – The laboratory should provide:**

Actual values for laboratory tests; and

Normal ranges of values in either the medical report or attached laboratory report.

Electrocardiographic and Spirographic Reports

- Tracings must be provided when these tests have been performed.
- The reported findings for pulmonary and electrocardiographic studies must meet the requirements of Section 3.00E and 4.00C, respectively, of the Listing of Impairments.

Interpretation

- The interpretation of laboratory tests (e.g., electrocardiographic tracings) must take into account and be correlated with the history and physical examination findings.
- Identify the medical source providing the formal interpretation of the laboratory tests, when other than the medical source who is signing the CE report.
- If the interpretation is provided separately, the report sheet should state the interpreting medical source's name and address.

- **X-rays**

Joints and other areas to be x-rayed are those that are specifically requested or those that the physical examination reveals to be the most involved by disease, after appropriate authorization by the DDS.

MODULE 9

The New and Improved Process

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Introduction

This process includes six main parts:

- Establishment of a protective filing date with a faxed Consent for Release of Information
- A maximum 60-day window of opportunity to complete all aspects of the application
- A different medical evidence collection process
- Interviewing and assessment (Module 10)
- Understanding and addressing functional impairment (Modules 11 and 12)
- Writing a comprehensive Medical Summary Report (Module 13)

Module 9 provides a detailed description of a new process, including the collection of medical evidence, which is particularly effective for people who have inconsistent or varied treatment histories and multiple providers. For people who have HIV, specialty medical services are often necessary. This process ensures that the evidence collected is comprehensive. In addition, for individuals who have any cognitive impairment, this new process helps to fill any gaps or missed information. Throughout this process, case managers maintain contact with the DDS examiner or adjudicator.

Module Topics

- New and Improved Process for Collection of Medical Evidence
- The New Electronic Process
- Useful Evidence for Determinations

Establishing New & Improved Process

- Work with SSA and DDS to set up process
- SSI presumptive disability for people with HIV/AIDS
- Review key components of the proposed process with SSA and DDS
 - Fax of Consent for Release of Information
 - Maximum 60-day window of opportunity
 - Different medical evidence collection process

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Work With SSA and DDS To Set Up Process

SSI Presumptive Disability for People With HIV/AIDS

Review Key Components of Proposed Process with SSA and DDS

- Fax Consent for Release of Information
- Maximum 60-day window of opportunity
- Different medical evidence collection process

Medical Records Departments

- Contact directors of medical records departments
- Explain the effort assisting individuals with HIV with SSI/SSDI
- Negotiate a process for collecting medical information
 - Offer to copy records
- Honor the collaborative process worked out

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Contact Medical Records Directors to Coordinate Information Collection Process

New and Improved Process

For Collection of Medical Evidence

- Make list of treating sources
- Have applicant sign two releases for each treating source
- Send releases to medical records departments
- Contact current treating providers
- Offer to copy the records
- Follow up weekly on information not received
- Organize records chronologically and review
- Continue to identify new sources of information
- Maintain contact with DDS

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Make List of Treating Sources

Have Applicant Sign Two Releases for Each Treating Source

- Note: The HOPWA program requires that names and pertinent personal information be kept confidential (see 24 CFR 574.440)

Send Releases of Information to Medical Records Departments

Contact Treating Providers

Offer to Copy the Records

Follow Up Weekly on Information Not Received

Organize Records Chronologically and Review

Continue to Identify New Sources of Information

Maintain Contact With DDS

The Electronic Process

- Complete SSDI application on-line
- Complete i3368PRO (Disability Report) on-line for SSI *and* SSDI
- Submit records electronically when possible
- OR fax records using applicant's bar code cover sheet available from DDS

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The Electronic Process

- SSA and DDS are now using electronic rather than paper folders

**Benefits
of the New Improved Process**

- Communication among parties
- Transparency of process
- Completeness of information

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Communication Among Parties

Transparency of Process

Completeness of Information

Useful Evidence for Determinations – Medical Evidence

- Physical health evaluations
- Specialty physical health evaluations
- Neurological work-up reports
- Psychiatric evaluations
- Laboratory results
- Diagnostic tests
- Neuropsychological tests
- Psychological tests
- Admission summaries
- Discharge summaries
- Progress notes

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Useful Medical Evidence

Useful Evidence for Determinations – Collateral Information/Evaluations

- Bio-psychosocial evaluation reports
- Occupational therapy evaluation reports
- Vocational evaluation reports

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Collateral Information

Possible Paths to Medical Evidence

Applicant
Family Members/Friends
Service Providers
Commonly Used Facilities
Commonly Used Specialty Programs
HRSA, SAMHSA
Other Internet Sources
Yellow Pages

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Tracking Down Medical Evidence

Strategies for Seeking Treatment Sources and Medical Information

Obtaining the Information

Medical Evidence Worksheet

- Information listed on worksheet should be collected from medical records to support claim
- Each individual's medical record will vary
- This checklist helps to start organizing the search

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Medical Evidence Worksheet

Collecting Medical Evidence

Summary

This process...

...**does** work

...**is** possible

...**can** be done

Convey hope! Encourage the possibilities!

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Summary

Handy Tips

It is clearly possible to achieve approval on initial application and to avoid hearings. Be sure to understand the criteria for disability benefits under SSA and provide the necessary information to address these criteria. Doing the necessary work up front ensures success.

SSI Presumptive Disability for People with HIV/AIDS

- HIV/AIDS is one of the categories for which applicants can be awarded “Presumptive Disability”
- When presumptive disability is awarded, the person can receive up to six months of benefits while DDS makes a disability determination
- If an allowance is not made at the DDS, the person is not required to return this money
- To be awarded presumptive disability, a *SSA-4814* must be completed by the treating physician and submitted
- Be clear on any additional criteria

New and Improved Process

- Case managers, SSA and DDS share a common goal – to facilitate accurate and timely disability determinations
- Before submitting applications, establish good communication and develop a process with SSA and DDS to expedite the applications
- The “new and improved” process is about exchanging information and maintaining contact; the less mysterious it is, the better it works
- Case managers can play a major role in expediting benefits by submitting comprehensive assessments, clear descriptions of functional impairment, and supporting records

Electronic Process

- SSA can receive information more quickly and avoid “lost” information with the new electronic process; learn it and use it!
- Complete SSDI applications on-line
- Complete the *i3368PRO* (Disability Report) on-line for both SSI and SSDI
- Submit records electronically when possible
- Fax records using applicant’s bar code cover sheet available from DDS

Worksheet 5

Medical Evidence Worksheet

Name _____

DOB _____ **SSN** _____

ADMISSION NOTE

Source _____ Date(s) requested _____ Date received _____

PHYSICAL EVALUATIONS AND TREATMENT

Source _____ Date(s) requested _____ Date received _____

LABORATORY RESULTS

Source _____ Date(s) requested _____ Date received _____

SPECIALTY PHYSICAL EVALUATIONS AND TREATMENT (E.G., INFECTIOUS DISEASE, NEUROLOGY, CARDIOLOGY, ETC)

Source _____ Date(s) requested _____ Date received _____

EEG/MRI/CT SCAN RESULTS

Source _____ Date(s) requested _____ Date received _____

PSYCHIATRIC EVALUATIONS

Source _____ Date(s) requested _____ Date received _____

PSYCHOSOCIAL EVALUATION

Source _____ Date(s) requested _____ Date received _____

PSYCHOLOGICAL TESTING

Source _____ Date(s) requested _____ Date received _____

OCCUPATIONAL THERAPY EVALUATION

Source _____ Date(s) requested _____ Date received _____

PROGRESS NOTES THAT DESCRIBE CURRENT SYMPTOMS AND FUNCTIONAL IMPAIRMENT

Source _____ Date(s) requested _____ Date received _____

DISCHARGE SUMMARY

Source _____ Date(s) requested _____ Date received _____

**HOPWA SOAR Technical Assistance Initiative
Comparison of Usual versus SOAR Process for People with HIV/AIDS**

Week	Usual Process	SOAR Process
Week 1	<ul style="list-style-type: none"> • Case manager makes initial assessment to determine whether applicant needs assistance to apply for benefits 	<ul style="list-style-type: none"> • Case manager makes initial assessment to determine whether applicant needs assistance to apply for benefits
Weeks 1-2	<ul style="list-style-type: none"> • Establish Protective Filing Date by calling SSA or walking in to file an application • Take applicant to SSA to file SSI and SSDI applications with little to no preparation beforehand • Applicant completes the SSI, SSDI applications in the local SSA office as well as the Adult Disability Report (SSA 3368) This is done by SSA claims representative on SSA's computer system 	<ul style="list-style-type: none"> • Establish Protective Filing Date – either by faxing SOAR form (from Module 9) or by calling SSA, as determined in collaboration with SSA • Have applicant sign Appointment of Representative form (SSA-1696) and duplicate releases for previous treatment providers (one for assisting agency and one for SSA) • Use the paper version of the SSA Disability Report (SSA-3368) as a worksheet to create complete list of agencies/others for whom releases are needed • Fax/mail/phone requests for medical and other records • Begin and continue to gather medical records and assess applicant • Ask treating physician to complete the SSA 4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection
Weeks 3-8	<ul style="list-style-type: none"> • Applicant receives request for completion of ADL form by DDS Form is completed and returned to DDS • Applicant may not respond to requests for information by DDS; case manager may not know this; SSA/DDS can't locate applicant and the application is denied for lack of follow-up 	<ul style="list-style-type: none"> • Continue gathering medical records and assessing applicant • Complete on-line forms – SSDI application (SSA-16) and disability report (i3368pro) • Make appointment with SSA to complete SSI application (SSA-8000), which is not available on-line This form must be completed within 60 days of establishing the protective filing date • Write Medical Summary Report/Letter if individual does not meet Section C on 4814 Use medical records obtained to provide information for this report and address functional information required • Prepare application packet that includes SSA-4814, records, collected medical records and Medical Summary Report • Make sure to have Medical Summary Report/Letter co-signed by physician who is treating the person or who has treated the individual in the recent past • Bring application packet to SSA when accompanying applicant for SSI application appointment Discuss with SSA claims representative possibility of considering applicant for presumptive disability
Weeks 9-16	<ul style="list-style-type: none"> • Wait for applicant to tell you that they have received a letter from SSA with a decision • Applicant may be sent for consultative exam (CE); he/she may not show up for the exam and the application is denied 	<ul style="list-style-type: none"> • Find out name of adjudicator at DDS and call to establish relationship Ask if he/she received copy of the 1696 Appointment of Representative form • Get bar code information identified with applicant and fax additional supporting documentation to adjudicator • Continue to gather information as needed and send to DDS adjudicator
Weeks 16-20	<ul style="list-style-type: none"> • Continue waiting for decision 	<ul style="list-style-type: none"> • SSA decision regarding disability status mailed to applicant and case manager as the Representative
Week 20 or longer	<ul style="list-style-type: none"> • SSA decision regarding disability status mailed to applicant • Typically, the application is denied • The applicant appeals and may wait 2-3 years for a hearing OR • Applicant is discouraged and does not appeal 	<ul style="list-style-type: none"> • Applicant can meet basic needs and pay for treatment and supportive services and stabilize living situation

MODULE 10

Interviewing and Assessing

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Introduction

This module focuses on assisting case managers in the development of a complete and comprehensive picture and history of the individual applying for benefits. This assessment is different from one for treatment and service development, because it focuses on understanding the person's history *as well as* how it impacts current functioning and ability to work.

The curriculum emphasizes creating a safe and comfortable environment in which the person can reveal very private information. It also emphasizes the importance of language and phrasing questions in an open-ended manner. Remember that assessment is an ongoing process throughout the relationship with a person.

The information gathered through interviewing is incorporated into the *Medical Summary Report*, described in Module 13. Substance use (Module 7) and functional information (Modules 11 and 12) are also included. Together, this information creates a picture of the person in terms of meeting SSA disability criteria.

Module Topics

- Helping the Interview Process
- Assessment as an Ongoing Process of Observation and Discovery
- The Importance of Phrasing
- *Applicant Assessment Worksheet*

Considerations for Effective Assessments

History

Environment

Language

Process

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Effective Assessments

History

- Goal – portray an individual’s history
- Focus on eliciting information, not completing application questions
- Ask yourself:
 - What information do I have?
 - Does it fit together to tell the whole story?
 - What am I missing?
- Listen to the person’s story of his or her life

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History

Environment

- Set the person at ease
- Create a safe, comfortable environment
- Show respect – for person and privacy
- Demonstrate trustworthiness
- Check with person about their comfort talking in a particular place
- Respect discomfort talking about certain issues – don't label as resistant or unmotivated
- Reassure that not providing information will not restrict service

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Environment

Gathering Information

Language

- Avoid asking only questions that lead to one-word answers
- Ask open-ended questions
- Be sensitive to the impact of language
- Avoid jargon

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One-Word Answers

- Such questions also cannot capture the richness of information needed for an effective assessment

Ask Open-Ended Questions

- Phrase questions in an open-ended manner that encourages individuals to explain responses more fully

Be Sensitive to the Impact of Language

Avoid Jargon

Process

- Not a one-time meeting
- An ongoing process
- Continual attention to the person and information offered – verbally and nonverbally – makes assessment richer and more accurate
- Strengths and struggles of the person

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Process

Strengths and Struggles of the Person

The Importance of Language

TRAINING EXERCISE J

- Use clear, non-threatening language
- Avoid medical or diagnosis-based jargon
- Phrase questions in an open-ended manner to avoid yes/no answers and to obtain richer responses

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Introduction

When interviewing people, it is essential to pay attention to use of language. Language should be clear, nonthreatening and avoid use of medical or diagnostic jargon. Questions should be open-ended and should avoid yes/no answers. This exercise focuses on using sensitive and respectful language.

Instructions

1. Read the six questions below.
2. Brainstorm a revision of each question that rephrases it with sensitivity and uses the skills previously discussed and listed on the slide above.
3. When a phrase is agreed upon, write it down

Questions to Rephrase

1. What grades did you fail?
2. Were you ever fired from a job?
3. Were you ever physically abused?
4. Did you ever have a traumatic brain injury?
5. Was your family nice or mean to you?
6. Have people stayed away from you after finding out you're HIV positive?

Applicant Assessment Worksheet

A tool for structuring
how to elicit information
from an individual

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Interviewing Demonstration

TRAINING EXERCISE K

Stepping Stones to Recovery Video

- Note some specific phrases that strike you as useful and that might fit with your own style
- Identify specific quotes from the video

Slide 154

Introduction

The goal of good interviewing is to ask open-ended questions using clear, nonthreatening language that avoids medical or diagnosis-based jargon. Each interviewer will develop his or her own unique language and style in obtaining the necessary information.

Instructions

1. Watch the video segment. To obtain a copy of this video please send an email with your name and mailing address to soar@prainc.com.
2. Make note of specific phrases as directed in the slide above.

Summary

The personal information given to a case manager is a gift from the person – it must be held responsibly, respectfully and with the utmost care.

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Summary

Handy Tips

A Diagnosis Does Not Define a Person

- Respect and genuine interest are important qualities to bring to interviewing and assessment
- Each person is unique, complex and is the expert on his or her own life and needs
- Understanding this richness is important to developing supports as well as accessing benefits

Developing Trust

- There is a great deal of stigma in society about HIV/AIDS and how the disease is most often transmitted (sexually or through intravenous drug use)
- Individuals often feel betrayed by partners who are using drugs or are engaged in sexually activity outside the relationship
- In addition, HIV/AIDS and related opportunistic diseases can be debilitating, rendering a person depressed or hopeless
- For these and other reasons, it can be very difficult for a person to confide in you
- Appreciate that developing trust takes time and even small steps can be very significant

Reluctance Not Resistance

- When a person is unable to provide information, try to understand the basis of a person's reluctance or inability
- Be creative and respectful to encourage trust
- Avoid blaming a person or labeling him or her "resistant"

Assessment and Interviewing Skills

- Making a comprehensive and effective assessment is an ongoing process
- Regardless of level of experience, one continues to develop assessment skills
- Although it is not possible to "wear another's words," techniques can be borrowed and adapted from colleagues or supervisors to fit one's own style
- It is important to understand the whole person over his or her entire history – from early life experiences to the present
- Learn the nuances of how life experiences impact the person's current situation and functioning

Clinical Detectives

- Strive to be the best possible "clinical detective" and create the whole story of a person's life by fitting the pieces together
- Assessment is a process whereby each new piece of information triggers more questions; do not settle for incomplete information, and strive to understand the whole person
- If a case manager is uncomfortable or feels ill-equipped to ask about certain issues, he or she should seek assistance from someone with more clinical experience
- People are aware when an interviewer is uncomfortable or insincere
- Avoid miscommunication by getting help

Continue to Provide DDS with Information

- As information is gathered, continue to provide new information to DDS
- Ongoing information can be provided until a decision is made
- Communication is key

Worksheet 6

Applicant Assessment Worksheet

Name _____

DOB _____

SSN _____

Marital Status

Single Married Separated Divorced Widowed

PHYSICAL DESCRIPTION

Height _____ Weight _____

Clothing, hygiene, grooming

Glasses? Yes No

Speech problems?

Abnormal mouth movements?

Hand/leg tremors?

Slowness/quickness in movement?

Agitation?

Attitude/Behavior?

PERSONAL HISTORY

(Place of birth, siblings, parent(s)/guardian/person who raised individual, anyone else who lived with the family, description of childhood and growing up, discipline)

EDUCATIONAL HISTORY

(Last year completed, any difficulties in school (learning or social), any repeated grades, favorite/least favorite subjects)

EMPLOYMENT HISTORY

(Thorough, chronological history of employment dates, employers, types of work/tasks completed, job atmosphere, relationships with co-workers, reasons for/circumstances of leaving each position)

MILITARY SERVICE HISTORY

(Was the individual ever in the military? Which service? How long? Where stationed? What did he or she do? What was the outcome: honorable/dishonorable discharge? If dishonorable, why?)

MARITAL/INTIMATE RELATIONSHIPS

(Current relationships, past relationships, children, outcomes)

LEGAL HISTORY

(Current legal status, history of past arrests, charges, outcomes)

HOMELESSNESS HISTORY/PRIOR LIVING SITUATIONS/CURRENT LIVING SITUATION

PHYSICAL HEALTH

(Past health problems, current health problems both related to HIV status and not, past and current treatment, medications, surgery, accidents, injuries, falls, and/or other events that caused brain “hurt”)

Past health problems and treatment

Current health problems and treatment

- HIV related

- Non-HIV related

Medications

Hospitalizations

Surgeries

Accidents, injuries, falls

SUBSTANCE USE/ABUSE

(See Substance Use Worksheet, Worksheet 4, in Module 7)

PSYCHIATRIC HISTORY

(Initial symptoms, ongoing symptoms, inpatient treatment, outpatient treatment, day hospital/day programs, emergency room visits, past and current treatment)

CURRENT SYMPTOMS/DIFFICULTIES

Orientation

Ask the person the place, year, month, date, day of the week.

Psychomotor Activity

Does the individual have difficulty sitting still? Does he or she seem agitated? Is the person noticeably slow in activity? Describe.

Mood

Have you noticed frequently feeling down and hopeless?

Have you found that you don't seem to enjoy the things that you used to enjoy? If yes, what do you believe is the reason for this?

Rate the individual's mood most of the time from very sad (1) to very happy (10).

Worksheet-6

Does your mood change a lot? Do you have thoughts of hurting yourself or hurting others?

Obsessions/Compulsions

Do you notice that there are certain things you must do the exact same way each time you do them? For example, organizing your clothes or washing your hands?

Do you worry about the same thing(s) over and over?

Do you have things you are afraid of? Do you think about those things happening a lot?

Manic/Bipolar Symptoms

Do you ever feel that your thoughts are moving too quickly? Too slowly?

Have you ever experienced a spending spree that you can't afford?

Do you ever stay up for long periods of time with no sleep and feel very energetic and productive?

Have you ever felt very powerful or in a high-level position even though other people might not have seen you that way?

Psychotic Symptoms

Sometimes people notice that they hear voices or noises that other people say they don't hear. Does this happen to you? What do you notice?

Sometimes people also see things that other people say they don't see. Does this ever happen to you? What do you see?

Do you sometimes feel that you aren't yourself? Or that you are another person?

Other Symptoms/Information

Do you feel, in general, that other people want to hurt you or that they want to help you? Why?

Do you ever notice yourself feeling very nervous with shaking hands, racing heart, sweaty palms, and a general unsettled feeling? When does this happen?

When someone makes you very angry, what do you do? How do you handle that?

FINAL COMMENTS/OBSERVATIONS

Interviewer _____

Date _____

Worksheet-6

Using the Applicant Assessment Worksheet

The *Applicant Assessment Worksheet* is a tool to structure how information is elicited from an individual. In addition, this worksheet is designed to ensure that all information related to the SSI/SSDI disability process is collected. How the questions are asked can be critical to obtaining the appropriate information. Asking about past abuse and other sensitive subjects requires ensuring safety. Awareness of safety and making sure the individual is not at risk when the interview ends applies to all types of information one elicits. This includes abuse, past mental health problems or other problems. Case managers need to carefully observe individuals' reactions and ask directly about safety when the interview is coming to a close.

Physical Description

The initial page covers a physical description and requires observations about the person's appearance, behavior, walk or gait, tremors, and other physical characteristics. Height and weight are asked because being under- or over-weight might contribute to a person's disability.

Personal History

Collecting a personal history, generally involves obtaining factual information such as the number of siblings, who raised the individual, and who else lived in the home. In addition, this section should include information about the person's experiences of growing up in his or her family. Ask when he or she left home, the circumstances of leaving, and what that was like. It is also important to learn about experiences that might affect ongoing functioning such as sexual abuse, physical abuse, or other trauma. Asking about past abuse and other sensitive subjects requires ensuring safety. Awareness of safety and making sure the individual is not at risk when the interview ends applies to all types of information one elicits. This includes abuse, past mental health problems or other problems. Case managers need to carefully observe individuals' reactions and ask directly about safety when the interview is coming to a close.

Questions such as:

- *When you were growing up and did something your (fill in person who raised the individual) didn't like, what would he (or she) do?*

This question gets at the possibility of physical abuse without labeling it as such.

- *When you were growing up, did any adult or someone older ever touch you in a way that felt very private or uncomfortable? If yes, can you tell me more about what happened?*

When asking about abuse, it is critical that the person does not become overwhelmed by talking about this subject. It is equally important that the person will be safe and secure after leaving the interview. The individual's safety is paramount; case managers and other clinicians must ensure this.

Exploring such personal information requires utmost sensitivity and skill. Anyone who is not comfortable questioning people about abuse or victimization, or if such questioning triggers any difficult feelings, should not inquire about it. Instead, enlist the assistance of a skilled clinician to obtain this information.

Whenever the issue of abuse arises, it is critical to reassure the individual that he or she was not responsible for any abuse done to him or her, no matter what. Convey that the responsibility lies with the grown-up or older person, even if the older person was simply an older brother or sister.

There is very often a connection between past trauma and substance use. People who abuse alcohol or other drugs may be attempting to suppress feelings resulting from abuse that they find particularly disturbing or overwhelming. It is important to link any responses regarding past trauma to substance use, if this is relevant. Learning about past trauma and linking it with questions regarding substance use can be critical to determining whether the substance use is “material” or not, as discussed in Module 7.

- *What was it like being in your family? For instance, some families feel sad, some feel happy, some feel angry, and some feel like fun. What was your family like?*

This is often a good place in the interview to inquire about ongoing contacts with family members.

- *How old were you when you left home? What made you decide to leave?*

This type of question can also unearth difficulties that may have been going on in the family that are difficult for the individual to discuss.

Educational History

Typical questions about educational history inquire about what grade was completed, in what year, and from what school. It is also important to discover if the person quit school and, if so, what happened.

Questions might include:

- *What made you decide to leave school after the _____ grade? Can you tell me what was going on with you then?*
- *How did you get along with the other students? With the teachers? Was there a favorite? Were there kids you liked a lot and spent time with? Were there kids you avoided? Why?*
- *Were there any subjects which you needed a little extra work or some help? Were there any grades that you needed to do over to get them down really well?*
- *What was your favorite subject and why? What subject did you like least and why?*
- *Have you ever thought about returning to school? Why or why not?*

Employment History

Gathering a thorough employment history is critical. Some applicants find it easier to start from the first job and work forward, while others find it easier to go backwards from the most recent job. Regardless of the chronology, the details of each job experience are the focus. Keep in mind that DDS is interested in work over the past 15 years. Obviously, if the person does not have that lengthy a work history, learn as much as possible about any employment in which the person was involved. The issues relate to what type of work was done, what went well, what problems arose, how long the person worked at each place, and what made the person decide to leave (fired, resigned, laid off, other reasons).

Questions might include:

- *What was your first (or last) job?*
- *For each job:*
 - *When did you work there? What did you do?*
 - *How long did you work there?*
 - *What did you like about working there? Dislike?*
 - *What did you find easy to do? Difficult?*
 - *What made you decide to leave?*
 - *What did you do next?*
- *If you could have any job, what would it be? Why?*

Military Service History

Military life is structured. Discovering a person's history in the military can give a clue as to how the individual responded to this type of structure. It's important to find out, as is true in employment history, what the person did in the service and what he or she liked or disliked.

Questions might include:

- Were you ever in the military?
If relevant, ask if the person was drafted or enlisted. (This will depend upon age.)
- What branch of service were you in and what made you decide to join the _____?
- Where were you stationed?
- What did you do?
If the person was transferred a lot, find out why.
- What type of discharge did you receive?
If less than honorable, ask why.
- While in the service, were you treated for any illnesses or were you in any hospitals?
- Did you find yourself getting into trouble in the service? What kind of trouble?

Marital/Intimate Relationships

This section speaks to whether or not the person maintains relationships with people and how these relationships proceed.

Questions might include:

- *How old were you when you had your first intimate or special (sexual) relationship? Can you tell me about it?*
- *How long were you with _____? What happened when the relationships stopped?*
Ask similar questions for each subsequent relationship.
Try to find out some details about each relationship.
- *How long did the (each) relationship last?*
- *Was the relationship generally a positive one or mostly difficult? What made it so?*
- *Did the relationship include any violence/hitting/yelling/emotional problems?*

Children

- *Do you have any children?*
Find out how many children the person has and with whom.
Is the person able to have contact with his or her children?
Does the person desire to have contact with his or her children?
Make these inquiries gently

Do not make assumptions that the person wants to have contact with children.
This must be handled sensitively.

Legal History

If the applicant is currently experiencing legal problems, these may interfere with eligibility (see Module 3). Ask about the kind of legal difficulty the person is experiencing. Legal difficulties may be interpersonal, may be drug related, or may involve violence.

Questions might include:

- *Have you ever been arrested or had unpleasant contact with the police? Can you tell me what happened?*
If there have been arrests, find out for each:
 - *What happened?*
 - *What was the result?*
If the person was convicted, what was the level of crime (ticket, misdemeanor, or felony)?
Was the person incarcerated, or fined?
Does the person have any commitments to parole or probation?
- *Are you on parole or probation now? Is that going okay? Are you having any difficulties meeting the conditions?*
- *Do you have any charges pending/waiting? What are these charges? Any court dates scheduled? What are the court dates?*
- *Do you know of any outstanding warrants against you?*

Homelessness History

Most people have not been homeless all their lives. It is important to find out:

- *When was it that you first had no place to live?*
- *Before that, where were you living?*

For each place:

- *How did it go living there?*
- *What made you decide to move?*
- *Where there times you were homeless, after leaving one place and before finding another?*

This information might also be linked to functioning. The person's ability to function effectively often is affected by his or her housing situation or related to loss of housing.

Physical Health

It is important to find out about any illnesses, infections, or injuries that may affect functioning and cause impairment.

Questions might include:

- *How is your vision? Your hearing?*
- *When did you first learn that you were HIV positive?*
- *What was your reaction to learning this news?*
- *Were you feeling ill at the time?*
- *What illnesses have you had?*
- *Where were you treated for these and what treatment do you or have you received?*
- *Are you currently prescribed antiretroviral treatment for your HIV?*

- *Do you keep track of your CD4 count and viral load? If yes, what were your most recent numbers?*
- *What has been the reaction of others in your life to your being HIV positive?*
- *Are you able to talk about your HIV infection with others in your life, especially family, partners, friends, and/or children? Why or why not?*
- *Does the treatment help you to feel better? What do you notice?*
- *Have you ever had any serious illnesses such as asthma, diabetes, heart problems, high blood pressure, seizures, cancer, or other infectious diseases that you haven't already mentioned?*
- *Are you currently in treatment for any of these illnesses? If yes, where and what treatment do you receive?*
- *What medications are you prescribed? Are you able to take them as prescribed? If not, how come?*
- *Have you ever been hospitalized for your HIV or other physical health problems? If so, where, when, and for how long? What treatment were you provided?*
- *Have you ever had any surgery or operations? If yes, what were they and how did things go? Where and when were these surgeries done? What was the result?*
- *Have you ever fallen, been hit, been in a fight, or been in an accident where you were knocked out? What happened? When? Did you go to a doctor or hospital? What happened when you saw a doctor or went to the hospital?*
- *Do you have any problems such as dizziness, headaches, difficulty paying attention, confusion? Have you had any treatment for any of these things? If yes, when and where?*
- *Are there any health concerns that you have that I haven't covered in my questions? Please tell me about them.*

Psychiatric History

Inquiries about a history of psychiatric symptoms and treatment must be done with sensitivity. Try to avoid using jargon when inquiring about these problems. Use phrases such as difficulties with “nerves,” feelings, thinking, or behavior. If the person does report such difficulties, inquire about what was going on in his or her life at that point. Try to elicit as much detail as possible about what happened and what the person experienced. Determine (as best as possible) the chronological occurrence of symptoms after that point. Also, explore all treatment sources, including emergency room visits, with as much specificity as possible.

Examples include:

- *You and I have talked about some of the things that bother you right now in terms of how you feel and, sometimes, how your thinking goes. Can you tell me what you recall about when these first started?*
- *When you started experiencing these feelings, what did you do?*
- *What did you think was causing these feelings?*
- *Did anyone help you with managing these difficult experiences?*
- *As time went on, what happened? Did these experiences get worse? Better? Sometimes a little of each?*
- *When did you first have someone talk with you about these and help you understand what was going on with you?*
- *What kinds of treatment or services have you received for managing these tough feelings?*
- *What has been most helpful? Least helpful?*
- *Did you ever find you were hospitalized for your nerves or difficult feelings? What happened?*
- *Can you tell me about each time you've been in the hospital or went to a clinic or doctor for help with your nerves or these problems?*
- *Is there anything else you feel would be important for me to know about these feelings and difficulties?*

Current Symptoms

Often, people find it difficult to explain symptoms but are honest when asked more specific questions about “difficulties and problems.” When inquiring about current symptoms, be sure to inform treatment providers of any additional issues that arise of which they may not be aware. Any suspected suicidal or homicidal intent or plan needs to be addressed immediately with support and assistance from one’s supervisor.

MODULE 11

Functional Information

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Introduction

The criteria SSA and DDS use to determine disability focus particularly on how one's illness affects his or her ability to work. Thus, information on functional impairment and its link to illness is critical. This module begins a discussion about functional information – a discussion that will highlight the process of observation, collection of additional information, and the role of this information in the disability determination process.

When an applicant meets the specific criteria contained in Section C, Opportunistic and Indicator Diseases of the *SSA-4814* and has supportive medical documentation, the functional impairment information (Modules 11 and 12) and the *Medical Summary Report* (Module 13) are not usually necessary.

Participants must keep in mind, however, that the specific criteria must be met for these diseases; the diagnosis alone may not meet criteria. For example, *cytomegalovirus disease* must be at a site “other than the liver, spleen or lymph nodes.” This is the type of specificity that must be met.

However, many applicants' situations will fall under Section D of *SSA-4814*, where they've had diseases or other HIV-related health problems but do not meet the specificity contained in C. For these individuals, the functional impairment information and the rest of the information included in the the *Medical Summary Report* are vital.

Module Topics

- Substantial Gainful Activity
- Four Areas of Functional Information
- The Context of Functional Information in the Disability Determination Process
- Functional Assessment Role Play

DDS's Main Question

Does this illness (or illnesses) keep the person in question from being able to engage in substantial gainful activity?

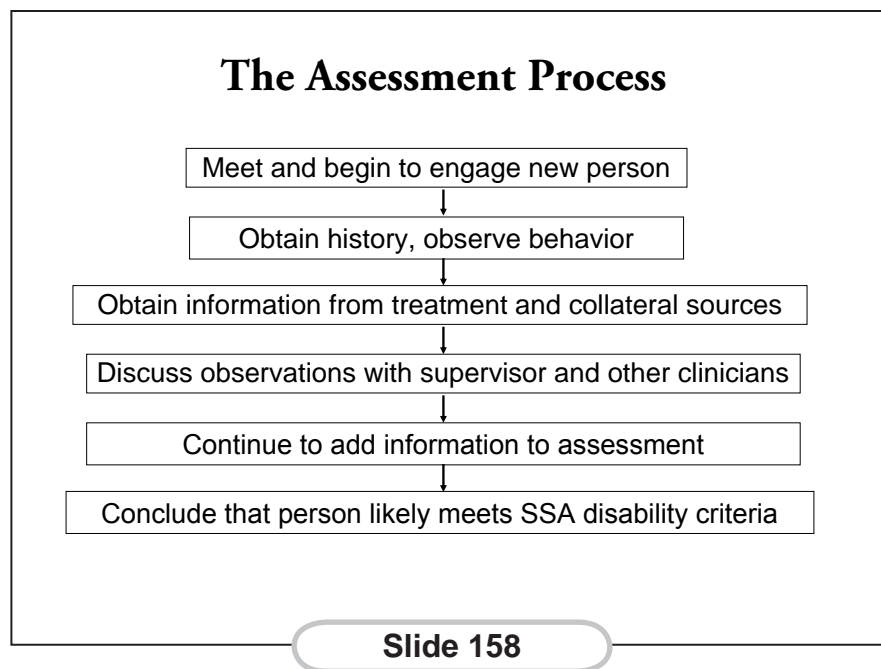
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Impairing Effects of the Illness

- A diagnosis of HIV/AIDS alone does not provide information about a person's ability to work
- Without the presence of opportunistic infections or documentation of other criteria articulated in the listing for HIV, eligibility for SSI/SSDI is difficult to determine
- Co-occurring disorders (mental health problems, other physical health problems, substance use) may also be present
- Functional information is needed to build upon the diagnostic information
- Documenting the duration of functional impairment is also necessary for a disability determination

Medical Records Do Not Typically Reflect Person's Functioning

Case Manager as Bridge



Assessment Process

- Treating staff and case managers often believe that a diagnosis of HIV/AIDS alone will meet SSA disability criteria
- This diagnosis does not necessarily mean that a person experiences functional impairment
- To determine if disability criteria are met, case managers go through an assessment process

Case Managers Must Share Their Observations

- Case managers need to present these observations clearly with specific examples, so that DDS and the reviewing physician or psychologist can know about the functional difficulties

**What are the four areas of
functional information?**

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Areas of Functional Information

- I Activities of daily living
- II Social functioning
- III Concentration, persistence and pace
- IV Repeated episodes of decompensation
(Applies only to impairment associated with mental illness)

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Marked Restrictions of Activities of Daily Living (ADLs)

Marked Difficulties in Maintaining Social Functioning

Marked Difficulties in Maintaining Concentration, Persistence, and Pace (as they relate to the ability to complete tasks)

- This functional area is also concerned with cognitive abilities
- Deficiencies in these areas affect an individual's ability to complete tasks commonly found in the work place, such as
 - Attention
 - Memory
 - Distractibility
 - Repeated Episodes of Decompensation (each of extended duration)

Repeated Episodes of Decompensation (each of extended duration)

- Applies only to impairment associated with mental illness

Qualifying for Disability Benefits

- If an individual does not meet the listing requirements for HIV, but has manifestations of HIV infection or other significant symptoms, he or she must show marked impairment in at least one of the functional areas or moderate impairment in two

Functioning and SGA

Make the **link**
between diagnosis or illness
and functional impairment
in the context of work

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Make the Link between Diagnosis and Functional Impairment

Functional Information Worksheet

- Tool for gathering information in the three areas of functioning
- Context of Questions – SGA
- Open-ended questions
 - Tell me about...
 - How often...
 - When was the last time...
- Worksheet questions

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Tool

- This worksheet is a tool for gathering information about an individual's abilities in three functional areas
- Consider the fourth functional area if the person has a mental illness

Open-Ended Questions

- Keep in mind cultural considerations when assessing functioning

Relevant Open-Ended Questions

Compare Responses from Applicant with Observations

Functional Assessment Role Play

TRAINING EXERCISE L

Role Play Instructions

- Roles: interviewer, applicant and observer
- Practice the skills
- Refer to Functional Assessment Worksheet
- Play for 4 minutes
- Process
- Change roles

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Introduction

When interviewing a person to obtain functional information, keep in mind the skills of interviewing previously discussed: forming open-ended questions; making conscious, positive language choices; and creating a comfortable environment. In addition, keep in mind the goal of obtaining information that helps to determine if there is a connection between the person's functional impairment and his or her physical and mental illness(es).

In this exercise, you will have an opportunity to practice interviewing in a role play situation. The exercise also involves using the *Functional Information Worksheet*.

Functional Assessment Role Play

TRAINING EXERCISE L (cont.)

Skills to Practice

- Environment: comfortable
- Language: clear, non-threatening, no jargon
- Open-ended questions
- Find link to functional impairment

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Functional Assessment Role Play

TRAINING EXERCISE L (cont.)

Role Play Feedback

- One person at a time
- Listen – respond later
- Be specific
- What was done well?
- What could be done better?

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Summary

- This is a specific way of considering disability
- Be sure to listen carefully, follow up on unclear or incomplete responses
- Determine if responses are consistent with observations
- **Practice, practice, practice!**

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Summary

Handy Tips

HIV/AIDS Diagnosis

- A diagnosis of HIV/AIDS alone does not provide information about a person's ability to work
- DDS will focus on how the person is able to function and if functional impairments prevent him or her from engaging in work at the level of substantial gainful activity
- It is critical to keep in mind that functional impairment must be tied to a "medically diagnosable physical or mental" condition or conditions
- For persons with HIV/AIDS, this will likely include opportunistic diseases, but may also include other health or mental health problems

Make the Link

- Make the link between diagnoses and functional impairment in the context of work
- Supplement medical records with descriptions of how the person functions and how this relates to ability to work

Interviewing

- People will often try to present themselves in the best way they can; this is simply human nature
- With this in mind, phrase questions about functioning carefully and with sensitivity
- Open-ended questions are the best interviewing approach to learning about a person's functional abilities
- Rather than asking "can you," ask "what do you ..." or "how often do you..." or "how do you ..."

Completing Tasks

- Information about functioning should be considered within the context of ability to perform at the level of substantial gainful activity
- Consider whether the person's abilities are consistent
- Often people can do a task one day, but not the next
- Some can perform several aspects of a task consistently, but they cannot consistently complete the task

Use Clear Language

- Use clear language that is easily understood by anyone in interviewing or in reporting
- Avoid the use of medical jargon and psychiatric terms
- Keep in mind that the DDS disability examiner (or adjudicator) may—or may not—have a background in health, mental health, HIV/AIDS, or a related field

Worksheet 7

Functional Information Worksheet

(use additional sheets, if necessary)

Name _____

DOB _____

SSN _____

Daily Activities/Typical Day

What time do you get up in the morning?

How do you spend your days?

How many meals do you usually have in a day? What times? What do you eat? If you don't eat regularly, how come?

How do you spend your evenings?

What time do you usually go to bed? How do you sleep?

Does your routine change on the weekend? If so, how does it change?

Functional Area I — Activities of Daily Living (ADLs)

What do you know how to cook? When was the last time you were able to cook? What are your favorite foods to prepare?

If you needed to shop for food to last a few days, would you need assistance or is that something you can tackle yourself? Do you usually have someone go with you to shop? Who? What assistance does he or she provide?

Are you able to use the telephone? When was the last time you were able to make a call?

If you needed a phone number and didn't have it, how would you get it? (*Question relates to the use of a phone book or information, i.e., 411*)

When you have your own place to live, what kind of housekeeping things do you do on a regular basis? What kind of chores do you find difficult to do? *If the person lives with someone else*: How are the chores split up? Do you need reminders to do chores?

About how often are you able to bathe or shower? Is this what's been your usual routine? Do you need any assistance doing this? *If the person doesn't bathe regularly*: What keeps you from bathing or showering?

Are you able to do your own laundry? How often do you usually do it? *If not*: How come? Who does your laundry?

Have you ever been to the post office? What services did you use there?

Budgeting is something we all struggle with. How are you at budgeting? Are you able to set up a budget and stick with it — or might that be something you could use assistance with? *If this applies*: When you have income, what usually happens to your spending habits? Do you, like some of us do, spend right away or are you able to make it last?

How do you usually get to places? Walk? Drive? Use public transportation? How does that work for you?

If this applies: When were you able to have your own place to live? What happened that you don't live there anymore? How did things go when you were there?

Are there any sort of other regular things that you think most people do every day that you find are difficult? Why?

Functional Area II — Social Functioning

If applicable: Do you maintain contact with your family? If not, why?

How often do you go somewhere outside? Do you usually go by yourself or with other people? Do you prefer to be alone or with other people? Why?

How often do you visit other people? Who do you usually visit? How often do other people come to see you?

Do you notice that you had friendships before that you don't have now? Do you have thoughts about that?

Who do you see on a regular basis? How do you and _____ get along?

What do you do if someone makes you really angry? How do you respond? What do you do?

Do you feel like you avoid being around other people? If yes, why?

Are you in any groups? Do you like being in groups?

What kind of person would you say you get along best with? Who gives you the most difficulty?

If applicable: When you worked before, how did you get along with your boss? Your co-workers?

Functional Area III — Concentration, Persistence, and Pace (*ability to complete tasks in a timely manner*)

Have you noticed any changes in your ability to concentrate? If so, what have you noticed?

Ask the person to complete serial 7s (i.e., Subtract 7 from 100, then subtract 7 from that total ... until the person reaches 65). If the person can't do 7s, ask him or her to try serial 3s. Note what happens.

Do you notice any changes in your memory? What do you notice? When do you notice this? Can you give me a specific example?

Would you describe yourself as someone who is easily distracted or do you find you can stay focused on a task if you need to?

Ask the person to follow a three-step instruction: Take this paper, fold it in half, and please return it to me.

What do you enjoy doing? What do you have an opportunity to do? When did you last do this? Are there any changes in what you enjoy now and what you used to enjoy?

Do you like to watch TV? If yes, what do you watch? Would you be able to watch an hour-long show and tell me about it shortly after you saw it?

Do not ask this if you know the person is unable to read. What do you usually read? Do you do this often? Could you tell me what you just read if I asked you soon after?

Functional Area IV — Repeated Episodes of Decompensation (*each of extended duration*)

Ask this series of questions only if the person has had experience in work or work-like settings.

Over the last year, have you found yourself doing well for a while and then having a tough time that seemed to last? Please tell me what happened?

When these experiences recurred, what seemed to happen before and after—to make things harder and to make things get better?

Please tell me, if you can, what you feel you might do to try to prevent things from getting hard again?

How often do you feel these tough times seemed to happen? Is there anything different about this year from previous years or is this about what typically happens with you?

The section below is for the case manager only. This information can be used to ensure that the Functional Assessment is complete. It should not be included in the Medical Summary Report. These ratings are up to the DDS to determine and not the case manager. This grid is a worksheet only and should not be sent to the DDS.

Overall Estimated Rating of Degree of Functional Impairment**ADLs—**

None Slight Moderate Marked[†] Extreme
Reason for Ranking—

Social Functioning—

None Slight Moderate Marked[†] Extreme
Reason for Ranking—

Concentration, Persistence, and Pace—

Never Seldom Often Frequent[†] Constant
Reason for Ranking—

Repeated Episodes of Decompensation—

Never Once or Twice Repeated (3+)[†]
in last year Continual
Reason for Ranking—

[†]To qualify for benefits alleging marked functional impairment in two or more areas, a person would generally need to evidence a degree of impairment shown by the asterisk.

Interviewer _____ **Date** _____

Worksheet-7

MODULE 12

Writing Functional Descriptions

Slide 167

Introduction

Functional information is critical to an understanding of how an illness impacts a person's life. It provides the necessary link for DDS to recognize how the diagnosis creates a severe impairment. Often, people with HIV have multiple health problems; these problems may affect functioning by themselves or in combination. With only a diagnosis submitted as medical evidence, this link is often missing, and DDS struggles to make an accurate determination.

Since a DDS disability examiner seldom, if ever, meets an applicant in person, clear communication of functional information often depends on the case manager working with current treatment providers.

Module Topics

- The Goal of Functional Descriptions
- Writing Descriptions of Impairment and Functional Response Descriptions

The Goal of a Functional Description

- Impact of person's illness and resulting impairment
- Based on collection of personal, medical, and collateral information
- Clearly explains:
 - Nature of impairment
 - How/if linked to illness
 - Impact on functioning and life, especially regarding ability to work

Slide 168

Goal

- A functional description is a tool that a case manager uses to write part of the *Medical Summary Report*, which is sent to DDS for evaluation

Functional Descriptions Explain

- The nature of an individual's impairment through observation and collection of personal, medical, and collateral information
- The impact of the illness on the individual's management of and functioning in his or her life, especially regarding his or her ability to work

Clear Writing

- Functional description represents the applicant's illness and its impact
- Write clearly
- Make the complexity easy to see and understand
- Avoid technical terminology
- Write in active voice

Slide 169

Unlike Typical Treatment Reports and Records Functional Descriptions

- Tie together an illness and its impact
- Clearly show what prevents the individual from earning SGA

Write Clearly in Intelligible Language

- Keep in mind that the DDS disability examiner may not have a medical or health-related background

Make the Complexity Easy to See and Understand

- Help the DDS to see the person whom they may never meet

Use Active Voice

Samples

Functional Description

- I Activities of daily living
- II Social functioning
- III Concentration, persistence and pace
- IV Repeated episodes of decompensation
(Applies only to impairment associated with mental illness)

Slide 170

Functional Descriptions of Marked Restriction in Activities of Daily Living

- Ms. Jones –
 - Ineffective Description

Ms. Jones doesn't get up on time in the morning and showers only two or three times a week. The room that she rents is poorly maintained, and she has lots of clutter, including dirty dishes, dirty clothes, and old newspapers lying around. She buys food for herself intermittently. She pays her rent but only barely.
 - Problems

This description focuses on the same behaviors as the more comprehensive one but does not address the question, "Why?" Is the reason because Ms. Jones just doesn't care about getting up on time? Is she simply lazy? Does she have any reason to get up on time? Does she feel that washing two or three times a week is sufficient or is that different from her norms for washing? Her housekeeping seems poor, but maybe she's comfortable with that. After all, housekeeping standards are not the same for everyone. Does she not buy anything to eat because she has no money or is she not hungry? While providing observations, this description does nothing to link the impairment to the illness. It simply raises the question, "Why?"
 - Effective Description

Ever since Ms. Jones found out last year that she is HIV positive, she has felt overwhelmed by all the demands and the emotional roller coaster she has experienced. In addition, knowing that she contracted the virus from a boyfriend she had known for years and trusted made her very sad and heartbroken. It seemed she got sick right away. First, she had cold sores on her mouth. Though uncomfortable, these didn't affect her ability to manage her life. Then, she was diagnosed with pneumonia. This exhausted her and affected her sleep, getting only about six hours each night, which is not enough rest for her. Then she was diagnosed with anemia, which also causes her to have low

energy. She finds getting up in the morning very difficult as she just feels she needs more rest. Showering two or three times a week is all she can muster, given how physically worn out she feels, even though she used to shower daily. It feels to her like all the day-to-day chores that she used to do now take all her energy. This is also why she shops for food intermittently despite realizing that eating better would help her gain some strength. Sometimes, it feels to her a bit like a vicious circle. Housework that she does is minimal, also because she feels so tired. She hopes that she will begin to regain strength but, so far, this has not happened.

- Mr. Gregory –
 - Effective Description

Mr. Gregory feels relieved that he does not seem to be experiencing any residual problems from his diagnosis of and treatment for salmonella. He had become accustomed to being HIV positive, a diagnosis he had for years following the death of his partner from AIDS, and was pleased with how well his treatment was keeping him. Recently, however, he was diagnosed with hepatitis. Over the past three months, he lost 20 pounds off his 5'10", 190-pound frame and he runs a low-grade fever (100^o-101^o) several days a week. So far there seems to be no cause for this, which has left him having significant difficulty managing his day-to-day tasks. Rather than cook breakfast as he used to, he now has a small bowl of cold cereal. Rather than wash the dishes right away, he waits until the end of the day—sometimes the end of a few days. Despite previously changing clothes every day, now he often wears the same clothes for 2-3 days since he is going out less and less. He feels self-conscious about his weight loss and also feels that he doesn't look well. Some days, he picks up his apartment and tidies up although most days, the clutter piles up. He seems always to be behind on paying his bills, partly because his funds are limited but also because he finds doing this chore overwhelming.

Functional Description of Marked Difficulties in Maintaining Social Functioning

- Ms. Waves –
 - Ineffective Description

Ms. Waves has a history of being HIV positive. She stays away from others, seems friendly at times and, at other times, unfriendly. Sometimes, she doesn't let family or friends into her apartment and tells them simply to go away.
 - Problems

This only describes behaviors but says nothing about why Ms. Waves behaves this way. This description suggests something is affecting her as she acts differently at different times, but it is not defined. Reading the ineffective description, a person might conclude that Ms. Waves is simply a moody person. The effective description gives the reader a better sense of the cause of Ms. Waves's behavioral changes and responses to others.
 - Effective Description

Ms. Waves has known for about a year that she was HIV positive. She felt well during this time, responding to the treatment offered her at the HIV clinic.

She had begun also to feel less blame for this virus since she had contracted it through IV drug use. Gradually, she found herself experiencing HIV-related health problems. She managed the weight loss, since it wasn't too drastic and handled the arthritis and recurrent sinusitis well. However, over the past year, she has had intermittent and severe bouts of diarrhea. When these episodes occur, Ms. Waves must stay close to home. If friends or family visit, she asks them to go away as she is embarrassed and doesn't want to discuss this with anyone. She also feels a bit frightened that her health status is worsening. These episodes occur about every month or two and then last for about two weeks. During these times, she knows she appears unfriendly but feels that this is better than having to explain these episodes to others.

- Mr. Smith
 - Effective Description

In the past, Mr. Smith was a very social person. He dated a lot and felt that he was well liked. Since finding out he has HIV, he has stayed much more to himself. He doesn't feel comfortable telling people about his HIV status. In addition, he has skin problems such as eczema, psoriasis, and skin ulcers that recur but generally respond to treatment. He feels self-conscious and unattractive when these skin outbreaks occur. He cannot predict when his skin problems will happen and now avoids being with all people, not just people he would think about being with socially. He even avoids seeing his landlord and people with whom he used to work. This makes him sad, and he is talking with his treatment team about this. For about the past year, instead of feeling more confident and comfortable around others, he feels less so. During this time his skin problems have become worse. Mr. Smith does not see a future where he can be with people comfortably.

Functional Descriptions of Marked Difficulties in Maintaining Concentration, Persistence, and Pace (as related to the ability to complete tasks)

- Ms. Grey –
 - Ineffective Description

Ms. Grey has been HIV positive for some time. She makes notes to herself. She's not doing as much of the crafts she used to enjoy doing. She also has stopped reading the newspaper and talking about the stories she has read to anyone. Sometimes, she spends the day doing very little. This is different than how Ms. Grey used to be.
 - Problems

This example hints at the possibility of Ms. Grey's having something related to her HIV status, but it is unclear. Why has she stopped doing things she enjoyed? Has she simply gotten disinterested? If so, how come? The details related to why are certainly missing from this description. The reader can guess the relationship to HIV but not know for sure.
 - Effective Description

Ms. Grey has known of her HIV positive status for several years. Medically and functionally, for most of that time, she has been doing fairly well. Now,

however, since treatment for meningitis, she finds that she can't pay attention and do what she used to do. For example, Ms. Grey always enjoyed knitting and crocheting. Now, she can't seem to follow the simple instructions as she used to. She has to read them over and over and, even then, she forgets or misses something. She finds herself having to write down everything she wants to do to be able to remember, even simple things such as doing the laundry. Reading, formerly relaxing, demands too much of her, even something that she read daily, like the newspaper. She simply can't recall what she has read, even within 15 minutes of reading an article. This is very unsettling to her, and she wonders if this is a portent of further decline or if she'll resume her former abilities. Her medical team is not sure and so far cannot predict what will happen. This adds to Ms. Grey's feelings of being unsettled and frightened.

- Mr. Brown

- Effective Description

Mr. Brown worked all his life as a foreman in a steel factory. He took pride in his ability to do all the facets of his job, including supervising others, maintaining inventory, and conducting cost analyses. His job demanded many skills that he felt comfortable he possessed.

Mr. Brown also was pleased with his long-standing relationship with Mr. Edwards. They had been together for a few years and had developed a comfortable life together, both emotionally and economically. Mr. Brown knew that, prior to their being together, Mr. Edwards had had several intimate relationships but he felt that Mr. Edwards had been true to him for some time. He felt that, after all, he, too, had been with other loves and was just glad that he and Mr. Edwards had found each other.

Gradually, about two years ago, Mr. Brown began to feel unusually fatigued. He went to the doctor, had several tests, and found he was HIV positive. He was stunned to learn this news. He encouraged his partner to have the test, and Mr. Edwards was HIV positive as well. Both speculated how they had contracted the virus and then realized it made no sense to do this. Their focus at this time was to manage their health.

Although he started quickly on antiretroviral treatment, Mr. Brown's CD4 count remained low and his viral load was high. He gradually noticed a decline in his ability to do his job. He wondered if his HIV was the cause of his problems with thinking. He had read that this could happen.

About a year ago, he had to quit, feeling completely inadequate to manage all the tasks. He felt, very simply, that he couldn't think well. He was forgetful, didn't follow through, and started making simple mathematical errors. Even at home, he noticed, he wasn't remembering how to do things he had done all his life. For example, he always readjusted the thermostat for the summer and winter climates. He didn't know how to do this anymore. His health tests showed some problems, including anemia. However, mainly, his viral load had increased significantly and his CD4 count was quite low. His HIV-related problems were clearly worsening—along with his ability to think.

Repeated Episodes of Decompensation (each of extended duration) (*Applies only to impairment associated with mental illness*)

- Ms. Johnson –
 - Ineffective Description

Ms. Johnson was doing pretty well, maintaining her relationships with other people and staying in her own place. Then, things changed and she stopped seeing people and she lost her place. She was on the street for a while and this lasted for two months. Then, she got another place and the same thing happened all over again. This went on in January, March, and September of one year and she dreaded that this might happen again in the next year.
 - Problems

This example leaves one wondering: Why did this keep happening? It hints at the possibility that something occurs each time, but it is not clear. Is there something within Ms. Johnson that seems to change or some sort of external factor that keeps affecting her life? The reader does not know.
 - Effective Description

Ms. Johnson was very pleased that she was able to manage the racing thoughts and the uncontrollable urges to spend money and not sleep. She was able to stay in treatment for her bipolar disorder, and be able to make and keep friends. She also liked that she had her own place – it was compact but suited her well. After a month or two, she felt so well that she decided she did not need to take her Depakote any more, that she could manage on her own. Pretty soon, the racing thoughts returned. She stayed up for days and started snapping at her new friends. They quickly decided not to spend time with her. The apartment, though small, became littered with trash and papers that she stayed up all night writing on. The garbage that built up began to smell, and the landlord found the place in complete disarray. Soon, Ms. Johnson was evicted. She was on the street for a while and came to the attention of police for screaming at other people who walked by her. She was brought to the emergency room, hospitalized, and started on medication again. She left in 4 days and got another place and began the process again. However, the same scenario recurred on three different occasions in one year.
 - Mr. Stevens
 - Effective Description

Mr. Stevens's illness that he referred to as schizophrenia had been with him since he was 25. He was now 41. He said, he had finally learned to take the new medication that worked better for him, and his life was much better. His symptoms occurred so seldom, and he felt so relieved. The voices were low enough that he could even sleep through the night. In his own room, he felt safe and satisfied. He had been in that room for 4 months. After a while, he thought he could reduce the medication on his own. The voices soon returned, keeping him awake, and telling him to break things in his apartment to get rid of the spirits that were getting in. He soon lost the place and was on the street. He again began to take his medication, and after only about 3 weeks he was better again. The landlord agreed to give him a second try. After two more repetitions of the same cycle, he again lost the room completely, and was wandering
-

around the streets, talking to himself. Soon, he was once again sent to the emergency room and he resumed taking his medications. He said that he knew he had to handle things differently but he wasn't sure how.

Writing a Functional Description

TRAINING EXERCISE M

- Clear links?
- Sharing examples
- How to double check work in the future?

Slide 171

Introduction

To make an accurate disability determination involving HIV/AIDS, DDS needs proof of the link between an illness and a functional impairment. The key method a disability examiner has of obtaining this information is through a case manager or advocate. Therefore, the written descriptions of functional impairment the case manager or advocate provides are critical to the determination process. This exercise provides an opportunity to practice writing a functional description and to get feedback from colleagues.

Instructions

1. Each individual will write a description for one of the four functional areas, corresponding to the number assigned.
2. Each person should reflect on an individual he or she is assisting and use these observations to write a description in the assigned area of functional impairment.
3. After approximately 10 minutes, trainers will ask for a volunteer from each functional area to read his or her description to the whole group. The group will offer suggestions on how to make the description more effective.

Summary

- Write clearly
 - Be fully descriptive
 - Clarify how he or she struggles functionally and why
 - Maintain an active voice
- Practice
 - Critique with a colleague
 - Rewrite when necessary

Slide 172

Summary

Handy Tips

Diagnosis Is Not Enough

- Functional information is critical to the DDS understanding of how the diagnosis is related to functioning
- Often people with HIV/AIDS have multiple health problems; these problems may affect functioning individually or in combination
- Medical records are likely to provide only a diagnosis
- The functional description helps DDS make an accurate determination

Behavioral Examples

- Be sure to use specific behavioral examples that illustrate impairment
- The following example illustrates clearly a link between the functional difficulty (personal hygiene) and the illness: “Francis says that his muscles are so weak, that he has no energy to shower and get dressed”

Get Feedback

- Have a colleague review your functional descriptions to ensure that the intended information is clearly communicated
- Get permission as needed

Medical Summary Report

- Including a description of functional impairment in your Medical Summary Report is usually sufficient for DDS
- In these instances, you may not need to complete the daily activity form for DDS
- Work this out with DDS ahead of time

Expediting Benefits

- A case manager should keep in mind that, as soon as a DDS disability examiner (adjudicator) has enough information to approve an application, he or she can make a determination and does not have to wait for additional information
- This can truly expedite benefits

Writing Style

- To write a functional description as clearly and plainly as you can, imagine describing the person’s functional difficulties to someone who does not work in this field
- The description of functional impairment should answer the questions: What is the impairment? How do you know it exists? What causes it? Why does it exist?
- Write functional descriptions using clear and simple language
- Write in an active voice
- Academic training teaches writing in a passive voice, but this may reduce the clarity of the information

MODULE 13

The Full Picture: The Medical Summary Report

Slide 173

Introduction

The *Medical Summary Report* is a compilation of information case managers have obtained that the individual may meet disability criteria. It incorporates information gleaned on the worksheets in Module 7 (*Substance Use Worksheet*), Module 10 (*Applicant Assessment Worksheet*), and Module 11 (*Functional Information Worksheet*). The report includes specific observations, examples and quotes from the individual whenever illustrative or relevant.

In addition to being valuable for SSI/SSDI purposes, the report can be extremely helpful for service and treatment planning. With the individual's permission, it is important to send copies of this report to service and treatment providers who work with the individual.

NOTE: When an applicant meets the specific criteria contained in Section C, Opportunistic and Indicator Diseases of the SSA-4814 and has supportive medical documentation, the functional impairment information (Modules 11 and 12) and the *Medical Summary Report* (Module 13) are not necessary.

However, many applicants' situations will fall under Section D of SSA-4814, where they've had diseases or other HIV-related health problems but do not meet the specific criteria contained in C. For these individuals, the functional impairment information and the rest of the information included in the *Medical Summary Report* are vital.

Module Topics

- The Components of a Medical Summary Report
- How to Use Existing Information in the Report
- *Medical Summary Report Worksheet*
- Using the Report for Service and Recovery Planning

Technical Details of Medical Summary Report

- Agency letterhead
- Typed
- Co-signed by physician or psychologist who has seen individual (makes it medical evidence)
- Referenced documents and/or supplemental information attached
- Sent directly to DDS disability examiner, hand delivered to SSA, or sent electronically

Slide 174

Technical Details of a *Medical Summary Report*

The report should:

- Be typed on agency letterhead
- Be co-signed by physician or psychologist who has seen individual
- Have referenced documents and/or supplemental information attached

Components of Medical Summary Report

Reference Section
Introduction
Personal History
Diagnostic and Treatment Information
Link to Functional Impairment
Summary
Contact Information

Slide 175

Components of the *Medical Summary Report*

- Throughout the report, be as specific as possible
- Remember that the disability examiner seldom, if ever, meets the applicant, so the report must paint a clear picture
- Repetition can be an effective means of emphasis; it can be helpful to show several illustrations of the same issue
- Quotes from the applicant can be very helpful to illustrate a point more clearly

Reference Section

Applicant's:

- Name
- Date of birth
- Social Security Number
- Typically aligned on right-hand side of first page

Slide 176

Reference Section

Introduction Section

- Demographics
- Physical description – hygiene, grooming, dress, make-up, any unusual characteristics
- Additional information – help DDS examiner “see” the individual as case manager does

Slide 177

Introduction

Additional Information

Description

Personal History

- Developmental problems
- Physical/sexual abuse
- Childhood
- Educational
- Relationships
- Medical problems
- Substance use
- Current housing
- Employment history

Quotes from the individual
are helpful!

Slide 178

Personal History

Link to Functional Impairment

- Critical to describe illness and effect on functioning in all three areas considered
- For HIV-related eligibility, must show marked impairment in one functional area
- Consider combination of illnesses and impact
- Consider medication side effects
- Consider support needs

Slide 180

Link to Functional Impairment

Summary and Contact Information

- Ties all information together for a concise picture of the individual
- Contact names and numbers
 - Case manager who co-signs
 - Physician or psychologist who co-signs

Slide 181

Summary

Contact Information

Medical Summary Report Worksheet

- Tool – framework for writing a report
- Breaks into workable sections
- Use this as a template

Slide 182

Tool – Framework for Writing the Report

Sections Prompt What Is Included Under Each

Separate Into Sections When Writing for Easier Reading

Writing a Medical Summary Report

TRAINING EXERCISE N

- Divide into groups of three
- Draft an introduction to the Medical Summary Report
- Share drafts in small group and receive feedback
- Reconvene for large group discussion

Slide 183

Introduction

The process of writing a *Medical Summary Report* pulls together all the information presented throughout this program. This exercise provides an opportunity to practice writing the introductory section and to receive feedback from colleagues.

Instructions (See Slide)

Summary

- Applying for benefits effectively is time-consuming
- Serving a person who has no income is difficult and demanding
- Assisting with benefits is a key part of a case manager's duties
- Success with benefits is worth the effort!

Slide 184

Summary

Handy Tips

SSA-4814

- When an applicant meets the specific criteria in Section C, Opportunistic and Indicator Diseases of the *SSA-4814* and has supportive medical documentation, the functional impairment information and the Medical Summary Report are not necessary
- However for many, situations may fall under Section D of *SSA-4814*
- These are people who have HIV related health problems and opportunistic disease but do not meet the criteria specificity contained in Section C
- For these individuals, the functional impairment information and the Medical Summary Report are vital

Medical Summary Reports Can Be Key

- The Medical Summary Report is key to a successful application for those who do not meet *SSA-4814* specific criteria
- It provides a succinct, comprehensive summary that captures information about the person's experiences and the impact on his or her life
- Remember that the DDS examiner rarely has an opportunity to meet the applicant
- When the DDS disability examiner reads your report, he or she should be able to "see" the person you see and arrive at the same conclusion

Other Ways the Medical Summary Report Can Be Helpful

- While it is written for the purpose of obtaining benefits, the Medical Summary Report can be invaluable to other service providers
- With the person's permission, send the report to them

"Introduce" the Person

- Provide a clear description of the person in the opening paragraph describing how he or she looks, behaves, speaks and interacts with others
- Help the reader see the person as you see him or her
- With the applicant's permission, you can include a photo; it won't be deemed evidence but can be very helpful

Writing the Medical Summary Report

- Write clearly, using simple language that avoids technical jargon.
- Have a trustworthy colleague critique your report for clarity and comprehensiveness
- When the report is complete, acknowledge your own hard work and the wonderful service that you have provided
- Nice work!

Worksheet 8

Medical Summary Report Worksheet

RE:
SSN:
DOB:

Dear _____ :

INTRODUCTION

(Brief physical description; interpersonal reactions and behavior; facial and other expressions)

PERSONAL HISTORY

(Including abuse/trauma history; educational history; employment; legal, interpersonal, military, and general early history)

MEDICAL HISTORY

(Including current and past diagnoses; treatment; surgery; accidents; hospitalizations, and any falls, hits, accidents, or fights that caused unconsciousness)

Physical Health History

Mental Health History

Substance Use History

PSYCHIATRIC HISTORY

(Initial symptoms; ongoing symptoms; inpatient treatment; outpatient treatment; day hospital/day programs; emergency room visits; past and current treatment, including medications and side effects)

FUNCTIONAL INFORMATION

ADLs

Social Functioning

Ability to Concentrate, Persist, and Pace

Episodes of Decompensation

(Applies only to impairment associated with mental illness)

SUMMARY

If you have any questions, please do not hesitate to call _____ at _____ or
Dr. _____ at _____ .

Sincerely,

Sample Report

March 23, 2009

Ms. Dolores Patterson
Disability Determination Services
P.O. Box 6262
Gatsby, MI 32323-6262

Re: Janet Williams
SSN: 898-98-9898
DOB: 3/12/68

Dear Ms. Patterson:

Ms. Janet Williams is a 41-year-old, divorced woman who is slim (5'7", 120 pounds) with brown eyes and shoulder-length brown hair. She appears a bit anxious as she wrings her hands throughout the conversation with the SSI Project Director. She stares intently when she talks. She wears makeup that is bright with dark eyebrows penciled in and deep, red blush. She is generally well groomed.

She was seen for her clinical evaluation in two home visits. Her apartment is small and quite dark. Ms. Williams tends to spend most of her time in the kitchen, lit with one small lamp. She showed schoolbooks that her younger daughter used and emphasized what a good mother she is and how much she helps her daughter. This child, Annie, age 10, does not live with her. Her older daughter, Jackie, age 16, and her daughter's child, Jazz, do live with her.

PERSONAL HISTORY

Ms. Williams was born in Detroit and lived there and in South Carolina, the third of six children. Four brothers and one sister were "adopted out" when she was young. She has one sister who is a "few years" younger, who is married and lives in Olympia, WA. She said she also has a half-sister on her father's side. She noted that her mother had "six of us—five with my father and one with another man."

In 1977, Ms. Williams said her mother had a very bad car accident while in Kentucky and was seriously hurt, requiring three to four operations on her face. Ms. Williams said sadly, "She was beautiful." Her mother is currently 60 and works as a housecleaner at Lakeview Apartments. Ms. Williams' parents were separated when she was "very young. I remember a fight they had. My father took his iron and left." Her mother then lived in South Carolina and "got saved there when I was 18." She said that she didn't remember "things" until "my sister told me."

Regarding her education, Ms. Williams finished 9th grade and started 10th in South Carolina. She failed 8th grade. She left school at age 16 after "hanging out with girls who did drugs. I dropped out and went

to work.” She went to the “Northern” Learning Center for three years to get her GED but “things kept coming up. I studied at home at night. I lost sleep. I never took the test. The last time I took it, I missed it by 26 points.”

Ms. Williams was unable to give precise dates for her employment history. However, she said that she had worked for about 10 years at Lakeview until her daughter was born. In her daughter’s early years, Ms. Williams stayed home to care for her. When her daughter began school, Ms. Williams returned to work at Lakeview for about three years. She worked at least part-time until about two years ago, when she learned she was HIV positive and her life became more difficult. During her work years, she said she mainly did housekeeping, factory work, and waitressing. She worked at City Lights restaurant for two years as a waitress. Her last work was at the General Motors parts plant. In her final work years, she worked part-time and cared for her family. She said that she “did pretty good and then lost everything” around 2005 when her older daughter was 12 years old. Her daughter wasn’t coming in on time and she would go out looking for her. Because she was struggling so with her daughter, she found that she couldn’t maintain employment and had to quit finally in late 2005. This was the last work she was able to do. Social Security reports the following earnings for Ms. Williams: 1986: \$8,559; 1987: \$9,401; 1988: \$9,793; 1989: \$10,054; 1990: \$10,130; 1991: \$10,623; 1992: \$10,907; 1999: \$10,002; 2000: \$11,725; 2001: \$8,181; 2002: \$9,282; 2003: \$8,035; 2004: \$9,424, and 2005: \$8,829.

Ms. Williams said that she married in 1986 and she and her husband had two children: Jackie, age 16, has a nine month old son; and Annie, born in 1998, who lives with Ms. Williams’s sister. She appeared sad when she spoke about her children. She said that she has a strong faith and believes God is with her, but the last few years have been very difficult.

Ms. Williams said that when she was dealing with Jackie’s behavior, she began to suspect that her husband was seeing other women. She felt angry and betrayed and confronted him. He admitted it and they decided to separate. This was in mid-2006. They have since divorced. At this time, Ms. Williams arranged for Annie to live with Ms. Williams’s sister. Jackie, however, chose to stay with her mother. Ms. Williams said Jackie returned to school in September, 2008, after having her baby in June. She said, “Her daddy is not involved. He’s like a living nightmare.” After Ms. Williams and her husband separated, he began to live with his girlfriend. She said that his girlfriend “uses dope. I know. I can tell.”

Regarding her legal history, Ms. Williams reported that before she was 18 years old, she was “charged with something I didn’t do. I was charged with trying to break an inmate out of jail. I was in a car with a friend and another guy. They got in a fight. The guy tried to rape me. I went to a friend’s to get a gun because the guy knew where I lived. I took my brother’s pellet gun and went to the police department. I was going to point the gun at the guy in case I saw him. My boyfriend was in jail at the time. The cell door was open. I went to see him. They charged me with trying to break him out.” She spent three to six months in a prison in Columbia, South Carolina. “There, I met the Lord and changed my life,” Ms. Williams said.

At age 25, Ms. Williams was charged with a DWI. She said she paid a fine and the charges were dropped. About three to four years ago, she was arrested in a grocery store. She said, “A guy came up and put his finger in my face. I slapped it away. He told the police. I went and got my husband to walk us home. He followed us home with the police. I was charged and spent three days in jail. The court

dropped the charges.” The specific charge is unclear. In 2008, Ms. Williams was charged with telephone harassment by her ex-husband’s girlfriend. Ms. Williams said, “She brings my child to my house but I’m told to stay away from her and their house.” She spent 30 days in jail and was given three years probation.

Ms. Williams has been in her current apartment for about nine months. It is small but adequate, she said. When she was working, “I lived in a big apartment for 12 years around the corner. It had two bedrooms, living room, dining room and kitchen. I had to leave because the new owners wanted more money. I think I got them mad because I told them the water was leaking and they needed to fix it. They threw me out.”

SUBSTANCE USE HISTORY

Ms. Williams stated that she started drinking alcohol in high school, “partying.” She reports no alcohol use since age 18. (However, she had a DWI charge at age 25). She “used drugs as a kid and got raped,” and smoked marijuana. She quit about five years ago, because she didn’t want to say no to her daughter about drugs and smoke herself. She said, “I never smoked in front of the kids. I would go outside and smoke.” Records indicate that she used IV drugs, including heroin and cocaine, and drank heavily in her teens. There is no indication, however, that she is currently using drugs or alcohol.

Medical History

PHYSICAL HEALTH HISTORY

Regarding her physical health, Ms. Williams said that in the ninth grade she had an appendectomy in Farley, SC. For years she has had sinus problems and had three surgeries on her nose. The first one occurred after a car pulled in front of her on a mountain road in South Carolina and “my nose hit the steering wheel. I was a young adult.” Twice, “Annie’s father fractured my nose. The last one was really painful. He wasn’t really abusive. A drinking man sometimes can’t help himself.” These fractures were treated at Mayple Hospital near Lansing, MI. When asked if she ever had seizures, she replied, “No. I think seizures are from the devil.”

After Mr. and Ms. Williams separated in 2007, she began feeling very tired, listless, and had trouble sleeping. She went to her internist, Dr. Anthony Fortuno, who ran tests including one for HIV, which was positive. She said learning this really tested her faith. Dr. Fortuno did an extensive evaluation and she started antiretroviral medications. Since that time she has experienced joint pain, gastrointestinal problems including an ulcer, shingles, and heart palpitations. She also has had intermittent, but regularly occurring, fevers ranging from 100 to 102 degrees, which last for a few days and then subside, she said. She was hospitalized for a few days at Detroit Southern Hospital for an extensive evaluation following a series of these fevers in 2008. They were determined to be related to complications from HIV. Dr. Fortuno has coordinated her treatment with the following specialists: Dr. Peter Hart, her cardiologist; Dr. Clare Derma, her dermatologist, and Dr. Francis Proto, an infectious disease specialist. She has also had severe bronchitis, treated with Cipro. She is on a medication regimen that consists of antiretroviral treatment, Nexium for her gastrointestinal problems, Valtrex as a prophylactic following her shingles (to be discontinued in the next month or two) and Celebrex for her joint pain. She meets with Dr. Fortuno bi-weekly.

Ms. Williams said that her ongoing problems are fatigue, trouble sleeping, and difficulty managing her multiple medications. She also worries about her daughter and grandson's futures, about infecting others, and about how her health might worsen.

MENTAL HEALTH HISTORY

Ms. Williams said that, when she was having problems with her daughter and her marriage collapsed, Dr. Fortuno suggested she see a psychiatrist. She went to the Detroit Southern Mental Health Clinic and continues to be seen there. Records indicate that she was diagnosed in 2006 with major depression and began treatment with Paxil, 20 mg. In addition, she began weekly meetings with Ms. Francine Sojourn, a licensed clinical social worker. When she learned of her HIV status, Ms. Williams said that she began to have more trouble sleeping and felt more and more worried. Her psychiatrist, Dr. James Hope, felt she had a generalized anxiety disorder. He changed her medication to Celexa, 40 mg and added Xanax. Her sleep improved somewhat. Then she developed joint pain which affected her ability to sleep. Ambien CR was added. Over the past few months, Ms. Williams said that she has gone out less and less as she is afraid she'll catch something from someone. Given her immune system problems, she feels it's best if she stays inside. She continues to meet weekly with her therapist.

FUNCTIONAL INFORMATION

Ms. Williams exhibits significant impairment in activities of daily living, social functioning, and concentration and completion of tasks.

Typically, Ms. Williams said, she gets up in the late morning, sometimes at noon, sometimes earlier. She has a cup of coffee and a cigarette. She might pick up her apartment and sometimes helps her neighbor upstairs. At her neighbor's, she might eat oatmeal, or sometimes he "takes me out." She does not consistently eat three meals a day despite knowing that good nutrition is very important for her. She is in bed usually between eight and nine p.m. She said, in the evening, she might "read the Bible or say my prayers." Jackie takes care of her son, but, given her schedule, does not assist her mother. On weekends, she "might" visit her mother or daughter, Annie, though she is making these visits less frequently.

Although Ms. Williams knows how to cook, she said that she hates it and doesn't do so unless she has to. When Annie visits she will make tacos, salad or cottage cheese and peaches. Otherwise, she tends to make a sandwich at night or rely on her neighbor to feed her. She has no phone and finds it unnecessary to call anyone except for medical care. When she needs to make a call, she uses her neighbor's phone. She rarely shops unless her younger daughter is there. She does minimal housework; when Annie visits, she helps her mother to maintain the tiny apartment, despite the clutter. She said that she used to take care of her former apartment on a daily basis. Now she does housework when she has help from one of her daughters. Ms. Williams said that most days she has limited energy, which she believes is from the health problems she has related to her HIV status and her worries. Since her sleep is affected by both her joint pain, the residual pain from shingles, and from her worries, Ms. Williams said that she rarely feels rested. Ms. Williams does her own laundry. Grooming varies. Some days she stays in her pajamas. When she feels more energetic, she'll shower, use make up and fix her hair. She has very limited funds, mainly benefits she has for her daughter Jackie. She manages these fairly well. She used to ride the bus and walk more. More recently, she relies on Mobility transportation or her doctor will certify her for a taxi.

Socially, Ms. Williams has significant difficulties. She said that she remains very angry with her husband, and when they talk they usually argue. She and Jackie rarely see each other as Jackie is busy with her schooling, caring for Jazz, and visiting friends. Ms. Williams often tells Jackie she should spend more time at home, but they disagree about this. She feels that her family does not understand the impact of her health status on her life, and so she has less interaction with them. She said that one friend stops by to talk and have a cup of coffee. "He comes by every week and tells me about getting back with his wife." She "just listens," becomes "tired of listening," and tells him to "just go." When she worked, she enjoyed bowling and going out with friends. She no longer has contact with any of them and has no energy (or funds) to keep bowling. She does maintain contact with her neighbor, but this is often when she needs help from him.

Regarding her cognitive ability, Ms. Williams spends most of her time trying to keep focused on what she has to do medically. Sometimes she might forget to do other things, such as pay bills. The fatigue that she experiences seems to affect her ability to focus on reading. When she tries to read her Bible, which she likes to do, she loses her place or falls asleep. She used to do needle work but cannot follow the patterns anymore and so has given that up. She has been fairly compliant with her medication but complains of side effects.

Regarding employment, Ms. Williams attempted to work part-time at a drug store in early 2008 and was unable to continue after a brief time. She felt exhausted at the end of the day, worried about being around so many people and had difficulty maintaining a focus on her work.

SUMMARY

Ms. Janet Williams has a history of being treated for HIV-related disorders, depression, and anxiety. Prior to the HIV diagnosis, she had worked and cared for her children. As her children grew up, the older one gave her problems, and her marriage became more difficult. It was in 2006 that Ms. Williams felt that her life "was lost" as she knew it. She and her husband separated after she learned he was seeing other women. She stopped working when she learned of her HIV status. She began mental health treatment for depression and anxiety. She feels quite alone and worries a great deal about her future. She has grappled with HIV-related illnesses, such as joint pain, shingles and gastrointestinal problems. She has other health issues including heart palpitations. She has to keep more and more medical appointments, which she finds taxing and exhausting. Although she would like to work, this has not been possible for her since 2006. Her recent work attempt in early 2008 did not last.

If you have any questions, please call Ms. Perry at 444-444-4444 or Dr. Fortuno at 444-422-2222.

Sincerely,

Yvette M. Perry, LCSW-C
SSI Project Director

Anthony Fortuno, M.D.
Internist

MODULE 14

Supplemental Medicaid Programs: QMB, SLMB, and QI-1

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Introduction

Low-income Medicare beneficiaries may qualify for supplemental Medicaid programs that assist with the costs associated with Medicare. While case managers may be familiar with the acronyms for these programs, the programs themselves can be confusing. This module serves as an introduction to both the acronyms and the programs.

Module Topics

- The Supplemental Programs of Medicaid that Assist Medicare Beneficiaries
- Income Limits for Each Category of Supplemental Medicaid Programs
- Additional Information on Supplemental Medicaid Programs

Supplemental Medicaid Programs

- All States have Medicaid programs to assist with costs associated with Medicare
- Application – upon onset of Medicare coverage; simple, quick process
- These Federal programs are run by the States
- Current amounts:
<http://www.prainc.com/soar> or
<http://www.socialsecurity.gov>

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Supplemental Medicaid Programs

- All States have supplemental Medicaid programs that assist with the premium and other costs associated with Medicare

Applying for Supplemental Programs

Programs Are State-Run

Three Programs

QMB

Qualified Medicare Beneficiaries

SLMB

Specified Low-Income Medicare Beneficiaries

QI-1

Qualifying Individuals

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The Acronyms Explained

QMB

- Qualified Medicare Beneficiaries (QMB)
- Eligibility = Part A Medicare Hospital Insurance
- Income limits
- Resource limits
- Benefit = Medicaid will pay Medicare premiums, deductibles, and co-pays

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Qualified Medicare Beneficiaries (QMB)

- Visit www.prainc.com/soar and look for Annual SSA Benefits Information

SLMB

- Specified Low-Income Medicare Beneficiaries (SLMB)
- Those not qualified for QMB
- Income limits (slightly higher)
- Resource limits same
- Benefits: pays Medicare premiums only (Part B, outpatient coverage)

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Specified Low-Income Medicare Beneficiaries (SLMB)

- If a person does not qualify for QMB assistance because his or her income is too high, this individual may receive assistance under the SLMB program

QI-1

- Qualifying Individuals (QI)
- Income too high for SLMB
- Income limits – higher than SLMB
- Resource limits – none
- Benefits – help pay for monthly Medicare payments
- Funds limited – first-come, first-served

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Qualifying Individuals (QI-1)

- QI-1 – a Medicaid program that helps pay for monthly Medicare premium
 - If person's income is too high for SLMB
- Funds for this program are limited, however, and are approved on a first-come, first-served basis until the funds for a given year are exhausted

Summary

- Once a person has Medicare, a case manager should immediately consider one of these supplemental programs to save beneficiaries a significant amount of money
- General rule – less income, the more received in supplemental coverage

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Summary

Handy Tips

Applying for Supplemental Medicaid Programs

- Generally, supplemental Medicaid program benefits are relatively easy to apply for and receive
- Proof of income, Medicare, and resources are needed
- If case managers serve as the authorized representative, they should have a copy of the award letter from SSA, even if the applicant does not

Medicare Remains Primary

- With these programs, Medicare remains the primary insurance
- Keep in mind that these supplemental programs do not cover services or prescriptions as does “regular” Medicaid; these are supplemental programs related to Medicare

Local Implementation

- States may implement these programs slightly differently than described in the module
- Check with your local Medicaid office for specifics

2009 SSA Benefits Information

SSI:

Individual: \$674/month (2008: \$637/month)

Couple: \$1011/month (2008: \$956/month)

SSI Resource Limits:

Individual: \$2000 (2008: \$2000)

Couple: \$3000 (2008: \$3000)

SGA:

Non-Blind: \$980 (2008: \$940)

Blind: \$1640 (2008: \$1570)

Trial Work Period:

To count as trial work month, earnings of \$700/month (2008: \$670/month)

Quarter of coverage earnings:

\$1090 (2008: \$1050)

Quarters/credits needed:

If person turns 24 in or before quarter: 1.5 years of work during the 3-year period ending with the quarter your disability began

After person turns 24 but before quarter s/he turns 31: Work during half the time for the period beginning with the quarter after you turned 21 and ending with the quarter you became disabled.

In the quarter person turns 31 or older: Work during 5 years out of the 10-year period ending with the quarter your disability began

Maximum retirement benefit at full retirement age:

\$2323 (2008: \$2185)

Medicare:

Part A premium:

- \$443/month (2008: \$423/month) (Most people don't pay a premium because of Medicare-covered employment)

Part A deductible:

\$1,068 (2008: \$1024)

Part B premiums:

- \$96.40/month (for individuals with annual income less than or equal to \$85,000)
- \$134.90 (for individuals with annual income between \$85,001 and less than or equal to \$107,000)
- \$192.70 (for individuals with annual incomes between \$107,001 and \$160,000)
- \$250.50 (for individuals with annual incomes between \$160,001 and \$213,000)
- \$308.50 (for individuals with annual incomes over \$213,000)

Part B deductible:

\$135

QMB, SLMB, and QI-1

2009 Information effective 3/1/09

Amounts in states may vary:

QMB:

Individual: \$923
Couple: \$1235

SLMB:

Individual: \$1,103
Couple: \$1,477

QI-1:

Individual: \$1239
Couple: \$1660

The resource amounts are the same for QMB and SLMB: \$4000 for an individual and \$6000 for a couple

MODULE 15

Work, Work, Work

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Introduction

The concept of recovery and having as full a life as possible is woven throughout this curriculum. The HOPWA program includes as part of its key performance measures to improve housing stability, reduce homelessness and improve access to care. As part of the benefits application process, providers are also working with individuals on other steps in recovery, including obtaining housing, treatment and other services. As people gain more stability in their lives, they consider returning, or beginning, to work.

For most adults, employment has meaning beyond income and is considered part of a full life. A major hurdle for SSI/SSDI recipients is a belief that benefits will end if they work. People often fear losing these benefits because they have been hard-won. While this fear is difficult to dispel, the belief that benefits are immediately lost is a myth.

This module provides an overview of the work incentives to dispel the myth of lost benefits.

Module Topics

- Income Exclusion
- Trial Work Period
- Impairment-Related Work Expenses (IRWE)
- Plan to Achieve Self-Support (PASS)
- Subsidy
- Extended Period of Eligibility (EPE)
- Health Insurance: SSI—Medicaid, SSDI—Medicare

Employment: Why Important?

- Contribution to one's community
- Self-worth
- Definition of role
- Connection to others

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Employment: Why Is It So Important?

SSI/SSDI Work Incentives

Incentive Program	SSDI	SSI
Income Exclusion		✓
Trial Work Period (TWP)	✓	
Impairment-Related Work Expenses (IRWEs)	✓	✓
Extended Period of Eligibility (EPE)	✓	
Plan to Achieve Self-Support (PASS)		✓
Subsidy	✓	

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SSI and SSDI Work Incentives

Income Exclusion: SSI Only

- Exclusion means certain amounts of earnings are not counted
- General exclusion: \$20
- Earned income exclusion: \$65
- If SSI is sole income, get both

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Income Exclusion: SSI Only

- Visit <http://www.prainc.com/soar> and look for Annual SSA Benefits Information

Trial Work Period (TWP): SSDI Only

- 9 months of gross earnings (per current SSA rate)
- Need not be consecutive
- Are counted within a 5-year period
- Trigger a review of one's continued eligibility for SSDI
- Visit <http://www.prainc.com/soar>

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Trial Work Period (TWP)

- If an SSDI recipient attempts to work, a Trial Work Period (TWP) is allowed

- This period is 9 months of gross earnings during which the SSDI check is *not* affected (see amount that applies this year in current year's handout)

- The TWP does not have to be consecutive months

SSA Review at End of TWP

Impairment-Related Work Expenses (IRWEs): SSI and SSDI

- Apply both to SSI and SSDI at different times
- Are out-of-pocket costs that a person must pay that are (1) related to one's disability and (2) needed to be able to work
- Examples:
 - Medication co-pays
 - Special equipment
 - Others?

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Impairment-Related Work Expenses (IRWEs)

- Visit <http://www.prainc.com/soar> for Annual SSA Benefits Information

Examples of Impairment-Related Work Expenses

- Cost of taxis or drivers needed to travel to work because disability prevents use of public transportation
- Modified vehicles needed because of disability, e.g., special steering/braking equipment
- Routine medication costs (e.g., co-pays) that help to keep disability-related symptoms under control
- Ramps, railings, or other modifications to the outside of a home that allow the individual to leave to be able to go to work

Examples of Expense NOT Allowed As IRWE

- Uniforms that everyone needs to wear at work
- Special shoes that everyone must wear, e.g., steel-toed boots
- Lunch or other meal that is not a special diet related to one's disability
- Use of regular public transportation

Extended Period of Eligibility (EPE): SSDI Only

- Applies only to SSDI
- Lasts 36 months
- Applies to any month in which earnings fall below SGA
- Allows beneficiaries to receive SSDI in the months of non-SGA earnings during the EPE

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Extended Period of Eligibility

- Allows an individual to receive an SSDI check for any month or more within the 36 months that he or she is NOT earning SGA

- If work is discontinued during the EPE, the individual simply needs to contact SSA to reinstate benefits

**Plan to Achieve Self-Support (PASS):
SSI Only**

- Set aside of income/resources for employment or vocational goal
- PASS funds not counted when figuring SSI payment amount
- Must be written and approved by SSA
- Helps a person move towards a career goal

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Plan to Achieve Self-Support (PASS)

- Allows recipients to set aside income or resources of a set amount of money for a set period of time towards a specific work or vocational goal

- Funds can be used for education, equipment, starting a business, etc.

Subsidy: SSDI Only

- *Value* of extra support received on the job
- Examples of supports:
 - Extra hours of supervision
 - Job coach or mentor
 - Reduced workload
- Provided by employer
- Subsidized worker earns the same pay as other workers doing the same job

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Subsidy

- Applies to SSDI only

- Are considered at the end of a Trial Work Period when SSA is determining whether or not the individual is making SGA

- Is defined as support received on the job that allows a worker to receive more compensation than the actual value of services

Health Insurance

- SSI: Medicaid
 - May continue under Federal Rule 1619B even if SSI cash payments stop
- SSDI: Medicare
 - Continues for 93 months (7.75 years) after the last month of the Trial Work Period
 - May be purchased after 93 months under certain conditions; premium costs for Part A then apply

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SSI: Medicaid

Medicaid Buy-In

SSDI: Medicare

Resources

- Work Incentives Planning and Assistance (WIPA) Program
- Protection and Advocacy for Beneficiaries of Social Security (PABSS)
- Disability Program Navigators (DPNs) (Department of Labor)
- Ticket to Work
- SSA Web site (<http://www.socialsecurity.gov/work>)

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Resources

Work Incentives Planning and Assistance (WIPA) Program

- Information is provided at <http://www.ssa.gov/work/wiparfa.html>

Protection and Advocacy for Beneficiaries of Social Security (PABSS)

Disability Program Navigator (DPN)

- Information provided at <http://www.doleta.gov>

Ticket to Work

- Allows for SSI/SSDI beneficiaries who want to work to receive a “ticket” or voucher to obtain employment, vocational rehabilitation, or other support services needed to get or keep a job

Determining Work Incentives

TRAINING EXERCISE O

- Read each scenario
- Answer the questions after each
- Be sure you understand the work incentive concepts and how they are applied

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Introduction

- A case manager has assisted an individual with the application process; he or she is now receiving benefits and gaining some stability in his or her life
- At this point, it is tempting to feel as if the job is done
- However, receiving benefits is only one step on the road to recovery
- Another step is to contribute to one's own financial support
- Many people receiving benefits fear that they will lose all benefits if they return to work
- This misconception prevents them from reaping the rewards of employment – not only in financial support but in self-esteem as well

Instructions (See slide)

Scenarios

1. Fred receives SSI benefits as his sole source of income and has his own apartment. He is planning to return to work on a very part-time basis and will be earning about \$85 gross a month. Will Fred have a reduction in his SSI check because of his earnings?

Yes

No

Why? _____

2. Greg is working, making \$700 per month. Before he went to work, he received the full SSI benefit. Greg has a number of health problems, both physical and mental health. For these health problems, he takes ten medications that cost \$5.00 each in a co-pay each month. When Greg takes these medications, he is able to work. Does Greg have any IRWEs? If yes, how will these be treated in calculating Greg's new SSI benefit?

 Yes No

-
3. Jennifer receives SSDI in the amount of \$600 per month. She started working and has worked straight for three months, earning \$500 per month in gross wages. Are these 3 months considered toward her trial work period? Why or why not?

 Yes No

Why or why not? _____

4. Aaron has completed his trial work period. What will happen now to his benefits? What will happen to his Medicare?

-
5. Jackie's SSI benefits have stopped because she is now working full-time successfully at a job in the District of Columbia that pays \$25,000. Jackie continues to meet the disability and non-disability criteria for SSI. Will her Medicaid likely continue?

 Yes No

Why? _____

6. Margaret and Deborah are both SSDI recipients and are hired for the same job as paralegals at the same rate of pay. Margaret finds that she needs her job coach to be on-site at least 2 hours/week for her to be successful in this work. Does Margaret have a subsidy?

 Yes No

Why? _____

Summary

- Disability benefits are simply a tool in the road to a stable life
- Employment is another tool in enhancing one's life
- Be sure to allay fears that benefits will cease when returning to work

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Summary

Handy Tips

Work?

- While employment may not be a goal for everyone, for many it is an important part of self-esteem and it can be an important aspect of recovery
- Awareness that one can do some work and continue to receive benefits is reassuring for many people
- Continuing services should include encouraging those who are capable to try to work
- Learning about work incentives provides case managers with important information in assisting people with their benefits

Planning to Work

- Before beginning or returning to work, people who receive SSI and/or SSDI should meet with a benefits planner at SSA to understand the potential impact of employment on their benefits
- SSA's benefits planners are knowledgeable about the nuances of work incentive programs
- Obtain information in writing on the potential impact of work on the person's benefits

Report Income Changes

- To avoid any difficulties, people who receive SSI and /or SSDI should report any changes in income, employment, or other circumstances to SSA
- Case managers can assist as needed and retain copies of any documents or information submitted to SSA

Websites for More Information

- The SOAR website at <http://www.prainc.com/soar> and the work section of the SSA website <http://www.socialsecurity.gov/work> contain a great deal of useful information
- Visit them and explore

Worksheet 9

SSI Benefits and Work Worksheet

(Use to calculate estimation of earnings and SSI benefits when an SSI recipient is working)

Name _____

DOB _____ SSN _____

SSI Federal Benefit Rate (changes annually) when not working		\$ _____ (a)
	<i>Gross monthly earnings</i>	\$ _____ (b)
Subtract \$65.00 ("earned income exclusion") from gross monthly income	–	\$ <u>65.00</u>
	=	\$ _____
 If SSI is the only income before working, subtract an additional \$20.00	 –	 \$ <u>20.00</u>
	=	\$ _____
 Subtract Impairment-Related Work Expense (IRWE) <i>(If none, put N/A and proceed to the next step)</i>	 –	 \$ _____
	=	\$ _____
 Subtract any Plan to Achieve Self-Support (PASS) related expenses <i>(If none, put N/A and proceed to the next step)</i>	 –	 \$ _____
	=	\$ _____
 Divide this total by 2	 ÷	 <u>2</u>
Countable income	=	\$ _____ (c)
 Subtract the countable income (c) from the SSI cash benefit (a)	 –	 \$ _____
	=	\$ _____
SSI cash benefit while working	=	\$ _____ (d)
 Add gross monthly earnings (b) to SSI case benefit while working (d)	 +	 \$ _____
	=	\$ _____
Total income for this month	=	\$ _____

Worksheet 10 SSDI Trial Work Period Tracking Chart

Name _____

DOB _____

SSN _____

Month	Gross Earned Income	Trial Work Month (yes/no)	SSDI Cash Benefit	Total Income

2009 1619(b) Income Threshold Amounts for Disabled SSI Beneficiaries

Go to <http://www.prainc.com/soar> for most recent threshold information.

<u>State</u>	<u>Threshold (\$)</u>	<u>State</u>	<u>Threshold (\$)</u>
Alabama	24,293	Montana	28,682
Alaska	53,808	Nebraska	35,430
Arizona	28,114	Nevada	32,448
Arkansas	27,623	New Hampshire	39,882
California	34,788	New Jersey	34,284
Colorado	30,201	New Mexico	33,533
Connecticut	53,537	New York	43,421
Delaware	34,945	North Carolina	33,226
District of Columbia	40,459	North Dakota	38,040
Florida	28,075	Ohio	33,194
Georgia	26,816	Oklahoma	26,031
Hawaii	32,927	Oregon	29,050
Idaho	36,226	Pennsylvania	28,699
Illinois	26,852	Rhode Island	36,604
Indiana	32,615	South Carolina	26,267
Iowa	29,680	South Dakota	30,806
Kansas	34,133	Tennessee	25,146
Kentucky	26,190	Texas	29,152
Louisiana	27,654	Utah	28,860
Maine	42,287	Vermont	37,006
Maryland	37,517	Virginia	30,478
Massachusetts	37,757	Washington	28,080
Michigan	27,653	West Virginia	26,980
Minnesota	46,694	Wisconsin	32,156
Mississippi	25,634	Wyoming	30,492
Missouri	30,877	Northern Mariana Is.	17,196

CLOSING

Action and Feedback

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Summary

This approach works!

You can do this!

SSI and SSDI can be essential

Stepping Stones to SSI and SSDI

Convey hope! Encourage the possibilities!

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Personal Reflections

- Identify 1-2 key insights or learnings from training
- Identify 1-2 strategies you will implement immediately

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Introduction

Personal reflections can be used to begin to apply the knowledge and skills gained in the training program.

Visit The SOAR Web Site Often!

<http://www.prainc.com/soar>



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Closing

- Post-Test
- Evaluation
 - This information is important for continued improvement of the program
- Thank you!

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Post-Test

- Please complete the post-test
- Note that names are not required
- The post-test is used to help evaluate the program, not the participants

Evaluation

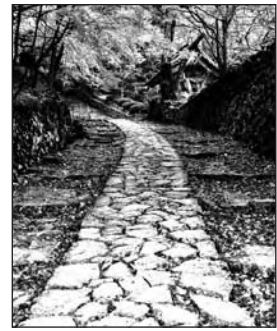
- Please complete the evaluation form
- We appreciate your candid remarks
- Thank you for taking time to give us this feedback

Contact Us

Trainers' Contact Information:

Slide 210

ADDITIONAL SSA DISABILITY APPLICATION FORMS



This section contains samples of additional SSA forms mentioned throughout the curriculum as being necessary or helpful to the process of applying for disability benefits. The following forms are included in this section:

- Form SSA-3369 Work History Report.....3
- Form SSA-561 Request for Reconsideration.....5
- Form SSA-787 Physician's/Medical Officer's Statement of Patient's
Capability to Manage Benefits7
- Form HA-501 Request for Hearing by Administrative Law Judge.....9
- Form HA-520 Request for Review of Decision/Order of ALJ.....11

SSA-3369

Work History Report



WORK HISTORY REPORT-Form SSA-3369-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can. Then call the phone number provided on the letter sent with the form or the phone number of the person who asked you to complete the form for help to finish it.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Print or type.
- A reference to "you," "your," or "the Disabled Person," or "claimant" means the person who is applying for disability benefits. If you are filling out the form for someone else, provide information about him or her.
- **ANSWER ALL OF THE QUESTIONS FOR EACH JOB YOU DESCRIBE.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 8, and show the number of the question being answered.

WHY THIS INFORMATION IS IMPORTANT

The information we ask for on this form will help us understand how your illnesses, injuries, or conditions might affect your ability to do work for which you are qualified. The information tells us about the kinds of work you did, including the types of skills you needed and the physical and mental requirements of each job. In Section 2, be sure to give us all of the different jobs you did in the 15 years before you became unable to work because of your illnesses, injuries, or conditions. There is a separate page to describe each different job.

**REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON
COMPLETING THIS FORM ON PAGE 8**

Privacy Act and Paperwork Reduction Act Statements

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 hour to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

**PLEASE REMOVE THIS SHEET BEFORE RETURNING
THE COMPLETED FORM.**

WORK HISTORY REPORT

For SSA Use Only
Do not write in this box.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

A. Name (First, Middle Initial, Last)

B. SOCIAL SECURITY NUMBER

- -

C. DAYTIME TELEPHONE NUMBER *(If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)*

() -
Area Code Phone Number

Your Number Message Number None

SECTION 2 - INFORMATION ABOUT YOUR WORK

List all the jobs that you have had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

Job Title	Type of Business	Dates Worked <i>(Month & Year)</i>	
		From	To
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

WORK HISTORY REPORT - FORM SSA-3369-BK

Give us more information about Job No. 1 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 1

Rate of Pay \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
-------------------------	--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

Less than 10 lbs
 10 lbs
 20 lbs
 50 lbs
 100 lbs. or more
 Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

Less than 10 lbs
 10 lbs
 25 lbs
 50 lbs. or more
 Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? YES NO

Give us more information about Job No. 2 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 2

Rate of Pay	Per (Check One)	Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	_____	_____

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs. or more Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

Less than 10 lbs 10 lbs 25 lbs 50 lbs. or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? YES NO

Give us more information about Job No. 3 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 3

Rate of Pay \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
-------------------------	--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

Less than 10 lbs
 10 lbs
 20 lbs
 50 lbs
 100 lbs. or more
 Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

Less than 10 lbs
 10 lbs
 25 lbs
 50 lbs. or more
 Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? YES NO

Give us more information about Job No. 4 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 4

Rate of Pay \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day _____	Days per week _____
-------------------------	--	------------------------	------------------------

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

Less than 10 lbs
 10 lbs
 20 lbs
 50 lbs
 100 lbs. or more
 Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

Less than 10 lbs
 10 lbs
 25 lbs
 50 lbs. or more
 Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? YES NO

Give us more information about Job No. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5

Rate of Pay	Per (Check One)	Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	_____	_____

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs. or more Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

Less than 10 lbs 10 lbs 25 lbs 50 lbs. or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? YES NO

Give us more information about Job No. 6 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 6

Rate of Pay	Per (Check One)	Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	_____	_____

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? (Bend legs to rest on knees) _____
Stand? _____	Crouch? (Bend legs & back down & forward) _____
Sit? _____	Crawl? (Move on hands & knees) _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? (Bend down and forward at waist) _____	Reach? _____
	Write, type or handle small objects? _____

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs. or more Other _____

Check weight you **frequently** lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

Less than 10 lbs 10 lbs 25 lbs 50 lbs. or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? YES NO

SSA-561

Request for Reconsideration



REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>(If different from claimant.)</i>
SOCIAL SECURITY CLAIM NUMBER	SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER
SPOUSE'S NAME <i>(Complete ONLY in SSI cases)</i>	SPOUSE'S SOCIAL SECURITY NUMBER <i>(Complete ONLY in SSI cases)</i>

CLAIM FOR *(Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)*

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY
(See the three ways to appeal in the How To Appeal Your Supplemental Security Income (SSI) Or Special Veterans Benefit (SVB) Decision) instructions.)
"I want to appeal your decision about my claim for Supplemental Security Income (SSI) or Special Veterans Benefits (SVB). I've read about the three ways to appeal. I've checked the box below."
 Case Review Informal Conference Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

CLAIMANT SIGNATURE			SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> NON-ATTORNEY <input type="checkbox"/> ATTORNEY		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER <i>(Include area code)</i>		DATE	TELEPHONE NUMBER <i>(Include area code)</i>		DATE

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See list of initial determinations

1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. CLAIMANT INSISTS ON FILING <input type="checkbox"/> YES <input type="checkbox"/> NO
3. IS THIS REQUEST FILED TIMELY? <i>(If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	

RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125)	SOCIAL SECURITY OFFICE ADDRESS
<input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED (GN 03102.300) <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS	

ROUTING INSTRUCTIONS (CHECK ONE) →	<input type="checkbox"/> DISABILITY DETERMINATION SERVICES <i>(ROUTE WITH DISABILITY FOLDER)</i>	<input type="checkbox"/> PROGRAM SERVICE CENTER	<input type="checkbox"/> DISTRICT OFFICE RECONSIDERATION
	<input type="checkbox"/> ODO, BALTIMORE	<input type="checkbox"/> OIO, BALTIMORE	<input type="checkbox"/> CENTRAL PROCESSING SITE (SVB)
	<input type="checkbox"/> OEO, BALTIMORE		

NOTE: Take or mail the signed original to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records.

ADMINISTRATIVE ACTIONS THAT ARE INITIAL DETERMINATIONS
(See GN03101.070, GN03101.080, and SI04010.010)

NOTE: These lists cover the vast majority of administrative actions that are initial determinations. However, they are not all inclusive.

Title II

1. Entitlement or continuing entitlement to benefits;
2. Reentitlement to benefits;
3. The amount of benefit;
4. A recomputation of benefit;
5. A reduction in disability benefits because benefits under a worker's compensation law were also received;
6. A deduction from benefits on account of work;
7. A deduction from disability benefits because of claimant's refusal to accept rehabilitation services;
8. Termination of benefits;
9. Penalty deductions imposed because of failure to report certain events;
10. Any overpayment or underpayment of benefits;
11. Whether an overpayment of benefits must be repaid;
12. How an underpayment of benefits due a deceased person will be paid;
13. The establishment or termination of a period of disability;
14. A revision of an earnings record;
15. Whether the payment of benefits will be made, on the claimant's behalf to a representative payee, unless the claimant is under age 18 or legally incompetent;
16. Who will act as the payee if we determine that representative payment will be made;
17. An offset of benefits because the claimant previously received Supplemental Security Income payments for the same period;
18. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that the claimant will not have to return to the disability benefit rolls and thus, whether the claimant's benefits may be continued even though the claimant is not disabled;
19. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a jail, prison, or other correctional institution for conviction of a criminal offense;
20. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a mental health institution or other medical facility because a court found the individual was not guilty for reason of insanity; a court found that he/she was incompetent to stand trial or was unable to stand trial for some other similar mental defect; or, a court found that he/she was sexually dangerous.

Title XVI

1. Eligibility for, or the amount of, Supplemental Security Income benefits;
2. Suspension, reduction, or termination of Supplemental Security Income benefits;
3. Whether an overpayment of benefits must be repaid;
4. Whether payments will be made, on claimant's behalf to a representative payee, unless the claimant is under age 18, legally incompetent, or determined to be a drug addict or alcoholic;
5. Who will act as payee if we determine that representative payment will be made;
6. Imposing penalties for failing to report important information;
7. Drug addiction or alcoholism;
8. Whether claimant is eligible for special SSI cash benefits;
9. Whether claimant is eligible for special SSI eligibility status;
10. Claimant's disability; and
11. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that claimant will not have to return to the disability benefit rolls and thus, whether claimant's benefits may be continued even though he or she is not disabled.

NOTE: Every redetermination which gives an individual the right of further review constitutes an initial determination.

Title VIII (See VB 02501.035)

1. Meeting or failing to meet the qualifying and/or entitlement factors for special veterans benefits (SVB);
2. Reduction, suspension or termination of SVB payments;
3. Applicability of a disqualifying event prior to SVB entitlement;
4. Administrative actions in SVB cases similar to those listed under Title II--items 3, 4, 10, 11 & 16.

Title XVIII

1. Entitlement to hospital insurance benefits and to enrollment for supplementary medical insurance benefits;
2. Disallowance (including denial of application for HIB and denial of application for enrollment for SMIB);
3. Termination of benefits (including termination of entitlement to HI and SMI).

REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT	NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>(If different from claimant.)</i>
SOCIAL SECURITY CLAIM NUMBER	SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) CLAIM NUMBER
SPOUSE'S NAME <i>(Complete ONLY in SSI cases)</i>	SPOUSE'S SOCIAL SECURITY NUMBER <i>(Complete ONLY in SSI cases)</i>

CLAIM FOR *(Specify type, e.g., retirement, disability, hospital insurance, SSI, SVB, etc.)*

I do not agree with the determination made on the above claim and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME OR SPECIAL VETERANS BENEFITS RECONSIDERATION ONLY

(See the three ways to appeal in the How To Appeal Your Supplemental Security Income (SSI) Or Special Veterans Benefit (SVB) Decision) instructions.)

"I want to appeal your decision about my claim for Supplemental Security Income (SSI) or Special Veterans Benefits (SVB). I've read about the three ways to appeal. I've checked the box below."

Case Review Informal Conference Formal Conference

EITHER THE CLAIMANT OR REPRESENTATIVE SHOULD SIGN - ENTER ADDRESSES FOR BOTH

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

CLAIMANT SIGNATURE			SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> NON-ATTORNEY <input type="checkbox"/> ATTORNEY		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER <i>(Include area code)</i>		DATE	TELEPHONE NUMBER <i>(Include area code)</i>		DATE

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

See list of initial determinations

1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. CLAIMANT INSISTS ON FILING <input type="checkbox"/> YES <input type="checkbox"/> NO
3. IS THIS REQUEST FILED TIMELY? <i>(If "NO", attach claimant's explanation for delay and attach only pertinent letter, material, or information in social security office.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	

RETIREMENT AND SURVIVORS RECONSIDERATIONS ONLY (CHECK ONE) REFER TO (GN 03102.125)	SOCIAL SECURITY OFFICE ADDRESS
<input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED (GN 03102.300)	
<input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED	
<input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS	

ROUTING INSTRUCTIONS (CHECK ONE) →	<input type="checkbox"/> DISABILITY DETERMINATION SERVICES <i>(ROUTE WITH DISABILITY FOLDER)</i>	<input type="checkbox"/> PROGRAM SERVICE CENTER	<input type="checkbox"/> DISTRICT OFFICE RECONSIDERATION
	<input type="checkbox"/> ODO, BALTIMORE	<input type="checkbox"/> OIO, BALTIMORE	<input type="checkbox"/> CENTRAL PROCESSING SITE (SVB)
	<input type="checkbox"/> ODO, BALTIMORE	<input type="checkbox"/> OEO, BALTIMORE	

NOTE: Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records.

HOW TO APPEAL YOUR SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFIT (SVB) DECISION

There are three different ways to appeal. You can pick the appeal that fits your case. You can have a lawyer, friend, or someone else help you with your appeal.

Here are the three ways to appeal:

1. CASE REVIEW:

You can give us more facts to add to your file. Then we'll decide your case again. You don't meet with the person who decides your case.

You can pick this kind of appeal in all cases.

2. INFORMAL CONFERENCE:

You'll meet with the person who will decide your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

You can pick this kind of appeal in all SSI cases *except* two. You can't have it if we turned down your SSI application for medical reasons or because you're not blind. Also you can't have it if we're giving you SSI but you disagree with the date we said you became blind or disabled. In SVB cases, you can pick this kind of appeal only if we're stopping or lowering your SVB payment.

3. FORMAL CONFERENCE:

This is a meeting like an informal conference. Plus, we can make people come to help prove you're right. We can do this even if they don't want to help you. You can question these people at your meeting.

You can pick this kind of appeal only if we're stopping or lowering your SSI or SVB payment. You can't get it in any other case.

Now you know the three kinds of appeals. You can pick the one that fits your case. Then fill out the front of this form. We'll help you fill it out.

There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you the names of these groups.

NOTE: DON'T FILL OUT THIS FORM IF WE SAID WE'LL STOP YOUR DISABILITY CHECK FOR MEDICAL REASONS OR BECAUSE YOU'RE NO LONGER BLIND. WE'LL GIVE YOU THE RIGHT FORM (SSA-789-U4) FOR YOUR APPEAL.

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-169 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.**

SSA-787

Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits



PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS

PAPERWORK REDUCTION ACT:

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions.

In replying, use this address:
SOCIAL SECURITY ADMINISTRATION

TELEPHONE NUMBER (Include Area Code)
()

DATE

SSA CONTACT

Privacy Act: This report is authorized by sections 205(a) and 205(j) of the Social Security Act, as amended (42 U.S.C. 405(a) and 405(j)). While you are not required to respond, your cooperation will help us decide whether any Social Security benefits that may be due should be paid directly to the patient or to someone else on the patient's behalf. Your cooperation in completing and returning this statement will be appreciated.

IDENTIFYING INFORMATION (SSA Only)
If different from patient

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER

____ / ____ / _____

PATIENT'S NAME

PATIENT'S ADDRESS (Number and Street, City, State, and ZIP Code)

PATIENT'S SOCIAL SECURITY NUMBER

PATIENT'S DATE OF BIRTH

____ / ____ / _____

YOUR HELP IS NEEDED

The patient shown above has filed for or is receiving Social Security or Supplemental Security Income payments. We need you to complete the back of this form and return it to us in the enclosed envelope to help us decide if we should pay this person directly or if he or she needs a representative payee to handle the funds. **Please Note:** This determination affects how benefits are paid and has no bearing on disability determinations. Thank you for your help.

WHO IS A REPRESENTATIVE PAYEE

A representative payee is someone who manages the patient's money to make sure the patient's needs are met. The payee has a strong and continuing interest in the patient's well-being and is usually a family member or close friend.

WHO NEEDS A REPRESENTATIVE PAYEE

Some individuals age 18 and older who have mental or physical impairments are not capable of handling their funds or directing others how to handle them to meet their basic needs, so we select a representative payee to receive their payments. Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia. However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM

1. Date you last examined the patient _____ .

2. Do you believe the patient is capable of managing or directing the management of benefits in his or her own best interest?

By capable we mean that the patient:

- Is able to understand and act on the ordinary affairs of life, such as providing for own adequate food, housing, clothing, etc., and
- Is able, in spite of physical impairments, to manage funds or direct others how to manage them.

Yes

No

Unsure

If "Yes", please omit question 3, but be sure to sign and date the form.

If "No", please provide a brief summary of the findings that led to this conclusion. Also, complete question 3.

If "unsure", please explain.

3. Do you expect the patient to be able to manage funds in the future (for example, the patient is temporarily unconscious)?

Yes

No

If yes, please explain.

NAME OF PHYSICIAN/MEDICAL OFFICER *(Please print.)*

TITLE

ADDRESS *(Number and street, City, State, and ZIP Code)*

TELEPHONE NUMBER *(Include Area Code)*
()

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PHYSICIAN/MEDICAL OFFICER

DATE

HA-501

Request for Hearing by Administrative Law Judge



REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

(Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)

See
Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER - -	4. SPOUSE'S CLAIM NUMBER - -
-------------	------------------------------	----------------------------------	---------------------------------

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:

An Administrative Law Judge of the Office of Hearings and Appeals will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

6. I have additional evidence to submit. <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of source of additional evidence: (Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)	7. Check one of the blocks: <input type="checkbox"/> I wish to appear at a hearing. <input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)
--	--

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative).)

[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

8. (CLAIMANT'S SIGNATURE) _____ (DATE) _____	9. (REPRESENTATIVE'S SIGNATURE/NAME) _____ (DATE) _____
ADDRESS _____	(ADDRESS) <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY;
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER () - _____ FAX NUMBER () - _____	TELEPHONE NUMBER () - _____ FAX NUMBER () - _____

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGMENT OF REQUEST FOR HEARING

10. Request received for the Social Security Administration on _____ (Date) by: _____ (Print Name)

(Title) (Address) (Servicing FO Code) (PC Code)

11. Was the request for hearing received within 65 days of the reconsidered determination? YES NO
If no is checked, attach claimant's explanation for delay; and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.

12. Claimant is represented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List of legal referral and service organizations provided	15. Check all claim types that apply: <input type="checkbox"/> RSI only (RSI) <input type="checkbox"/> Title II Disability-worker or child only (DIWC) <input type="checkbox"/> Title II Disability-Widow(er) only (DIWW) <input type="checkbox"/> SSI Aged only (SSIA) <input type="checkbox"/> SSI Blind only (SSIB) <input type="checkbox"/> SSI Disability only (SSID) <input type="checkbox"/> SSI Aged/Title II (SSAC) <input type="checkbox"/> SSI Blind/Title II (SSBC) <input type="checkbox"/> SSI Disability/Title II (SSDC) <input type="checkbox"/> HI Entitlement (HIE) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____
13. Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No Language (including sign language): _____	
14. Check one: <input type="checkbox"/> Initial Entitlement Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Postentitlement Case	
16. HO COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII; or <input type="checkbox"/> Title II CF held in FO to establish CAPS ORBIT; or <input type="checkbox"/> CF requested <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI <input type="checkbox"/> Title VIII (Copy of teletype or phone report attached)	
17. CF COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI <input type="checkbox"/> Other Attached: _____	

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b) (1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments relating to our time estimate to this address, not the completed form.***

HA-520

Request for Review of Decision/Order of ALJ



REQUEST FOR REVIEW OF HEARING DECISION/ORDER

(Do not use this form for objecting to a recommended ALJ decision.)

(Take or mail the signed original to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)

See Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER - -	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER <i>(Complete ONLY in Supplemental Security Income Case)</i>

5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

ADDITIONAL EVIDENCE

If you have additional evidence submit it with this request for review. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. If you request an extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.

IMPORTANT: Write your Social Security Claim Number on any letter or material you send us.

SIGNATURE BLOCKS: You should complete No. 6 and your representative (if any) should complete No. 7. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 7.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

6. CLAIMANT'S SIGNATURE	DATE	7. REPRESENTATIVE'S SIGNATURE	<input type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY
PRINT NAME		PRINT NAME	
ADDRESS		ADDRESS	
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)	
TELEPHONE NUMBER () -	FAX NUMBER () -	TELEPHONE NUMBER () -	FAX NUMBER () -

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

8. Request received for the Social Security Administration on _____ by: _____
(Date) (Print Name)

(Title) (Address) (Servicing FO Code) (PC Code)

9. Is the request for review received within 65 days of the ALJ's Decision/Dismissal? Yes No

10. If "No" checked: (1) attach claimant's explanation for delay; and
 (2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office.

11. Check one: <input type="checkbox"/> Initial Entitlement <input type="checkbox"/> Termination or other	12. Check all claim types that apply:
APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255	<input type="checkbox"/> Retirement or survivors (RSI) <input type="checkbox"/> Disability-Worker (DIWE) <input type="checkbox"/> Disability-Widow(er) (DIWW) <input type="checkbox"/> Disability-Child (DIWC) <input type="checkbox"/> SSI Aged (SSIA) <input type="checkbox"/> SSI Blind (SSIB) <input type="checkbox"/> SSI Disability (SSID) <input type="checkbox"/> Health Insurance-Part A (HIA) <input type="checkbox"/> Health Insurance-Part B (HIB) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b) (1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251(a)) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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SAMPLE MEDICAL SUMMARY REPORTS



This section contains three sample Medical Summary Reports for additional study.

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Sample Report #1

October 1, 2003

Ms. Mary Jones
Disability Determination Services
P.O. Box 17222
Flintsville, MD 21267-8910

Re: Lester Rush
SSN: 444-44-4444
DOB: 2/2/52

Dear Ms. Jones:

Mr. Lester Rush is a 51-year-old, never married, Caucasian man who has essentially not left his home for the past 23 years. Mr. Rush came to the attention of the SSI Project through his brother, Ralph, who is a patient at the Brisbon Hospital Family Medicine Clinic. His brother, Ralph, mentioned Mr. Rush to staff at this clinic, and they sent out a social worker, physician and, later, a psychiatrist, to see Mr. Rush.

All of Mr. Rush's interactions with the SSI Project were done in his home as he absolutely does not set foot outside his house. Mr. Rush is a tall man of average build who has extremely pale skin. His bottom teeth are all black and rotten. He has long, grey hair that he tucks under a black wool cap. When one shakes hands with him, his hand feels mushy, without muscle tone. He is cooperative in the interview although he has an irritable edge to his responses. He also periodically seemed quite irritated with his brother, who interrupted the interview several times to provide information. Some of Mr. Rush's responses are bizarre. He has an obsessive quality to some of his behavior. He exhibits little eye contact.

Mr. Rush was born and raised in Baltimore. Besides his brother, Ralph, he has another brother, Raymond, who is 57 years old and who had a stroke in January, 1995. Raymond married when Mr. Rush was 17 years old; he lives in Brooklyn, MD. Mr. Rush said that his father died when Mr. Rush was 10 years old, in 1956, of emphysema. He said that his father was hospitalized for 3 years in Detroit and New York for his emphysema and would return home every two months or so for a while. The family moved to the house in which the brothers currently reside in 1956. His paternal grandmother also lived with the family; she died when Mr. Rush was 13 years old. He mentioned, "When I was a kid, a week would be like a month from November to December." He could not explain what he meant by this. He said that his mother, who retired at age 62 in 1979, had pleurisy and was bedridden for 15 months before her death in 1995. He noted, "All her hair fell out." His mother had worked at Smith Company and then the Social Security Administration. He was not disciplined severely as a child. As a

matter of fact, he said that his mother “let us have our own way. We had to come home every day at 9 p.m.” He said that he worked as a paper boy and stock boy. Then, he said, “No, that was Ralph who did that.”

Mr. Rush said that he finished 8 years of school; he quit at age 16. He said that he failed 6th and 8th grades. He said that he wanted to quit school at age 14 but couldn't. He “never liked school a whole lot,” he said. He could not explain why.

When he was 17 years old, Mr. Rush joined the Navy. He said that the service was “the exact opposite from what I expected. The sergeant made me feel worthless.” After he had been in the Navy a short time, he “started crying in front of the sergeant, the chief.” He said that he had a razor in his hand. The story became confused at that time. He said that he was sent to a psychiatric center for a week and went in front of a board that found him “unsuitable.” This was in Great Lakes, IL. He did not know the name of the psychiatric center and said it had “initials like AWCA.” After that, he was in a “holding company where they pulled my teeth. I was waiting for my teeth.” He was in the Navy for a total of about 4–5 months, although he had enlisted for 3 years.

The discharge letter from the Navy dated 11/4/63 states that the review board found that Mr. Rush “did not possess the necessary degree of adaptability for Navy life, and therefore should not be retained in the service.”

After returning home from the Navy, he said, in 1964, he joined the Merchant Marine. (His brother, Ralph, was also in the Merchant Marine). He commented, “When I was 18, whatever happened at 17 wouldn't have happened because the ages were different.” He was there for 60 days and then was drafted into the Army.

At his draft physical, he was asked about suicide. He met with a psychiatrist who determined him to be 4F. He was, therefore, not accepted into the Army. In commenting on his type of discharge from the Navy, he said, “I can't wait to get my regular discharge.” Again, there was no explanation for this. He has not made any efforts to obtain any other kind of discharge.

After his rejection from the Army, he returned to the Merchant Marine. (His description of his time in the Merchant Marine became quite detailed and rambling). He said that the way the Merchant Marine worked was that you would go out to sea for 90 days, return, register again with your card good for another 60 days, re-register if you weren't given an assignment within 60 days, and continue in this way. He spent a total of 3 years, 11 months in the Merchant Marine.

Mr. Rush said that he spent 30 days on his first ship. Generally, he said, there were about “40 guys on a ship.” He worked in the deck and store departments. The deck department is responsible for steering the ship and tying the ship down. The store department feeds the crew and does the dishes.

During his stay in the Merchant Marine, Mr. Rush said that he went to 17 countries. He liked Puerto Rico the best. He said that things there were slower, and the country was “postcard pretty.” He said,

also, the “people sing on the bus.” He said that he lost weight when he was out at sea because he “stopped drinking Pepsi Colas.”

Mr. Rush also said that, on his first ship, when he saw the ocean, he felt panic, a “fear of desolation.” He said that this happens to everyone. The way to cure it, he said, is that “you close your eyes. Then you inch your eyes up, very slowly, for a few hours, and then you’re okay.” Doing this just one time takes care of the fear, he said, for the whole rest of the times at sea. One time when he was on board a ship, he said, his body went “up and down like jello, without moving. All by its lonesome.”

In the summer of 1968, Mr. Rush said, he went outside and felt panic. He said he felt as though there was a “fear gas” around. He could not describe this more clearly. He said his heart was beating and he felt fear and was “frightened of fear — that it would get more and more.” After 6 months, he said, the feeling stopped. Then he was frightened to register again for the Merchant Marine, so he didn’t. In the summer of 1969, the “fear of the outside” occurred again and he stayed in the house for 5 months. Then, it left again and returned once more. The second time he stayed in the house for 11 months; this was in 1972. Finally, in 1974, he said, he “just decided to stay in.” When asked if he felt this was unusual for a person to do, Mr. Rush answered with a shrug of his shoulders and said, “It happens. It’s a disability.”

In 1983, a row house in their group was firebombed and Mr. Rush was evacuated from the house. He spent about 20 minutes outside and said he felt “frightened, with his heart racing.” He has not left the house since then even to step out the front step or go on the back porch.

Mr. Rush has no known medical problems. However, since he has not been outside, his health is difficult to evaluate. A physician from Brisbon Hospital Family Medicine did do a physical at his home and found no apparent illness other than poor dental hygiene and dental caries. Mr. Rush said that he follows a 2600 calorie diet and notes the calories of every morsel of food that he eats. He said that he used to have a 53” waist but now has a 43” waist. He said that he lost 70 pounds over a 4-month period. He spoke of his diet and following this diet in an obsessive way. He could give no reason for the strict calorie monitoring that he does.

In 1974, Mr. Rush said, he was “drunk” around Baxter and Stone Streets and “got rolled.” Before his wallet was taken, the police came. He said that he was taken to Protestant Hospital and had a “big bruise” on his face and had to have “plasma.” He said that he had stitches and stayed overnight. He said that, after the assault, he was dizzy and his face was swollen. For weeks, he said, his face was bruised. “They wouldn’t let me in the bars because of the bruises,” he said. He also mentioned that no X-ray was taken. A month later, the stitches came out. (Information from records about this incident will be provided later in this report).

Mr. Rush said that, around 1974, he was drinking about a case of beer a day. His mother used to buy it for him. After he was released from Johnson Hospital, where he was hospitalized in 1974, he drank 3–6 beers a day, and then 3 per day. He has had no alcohol since Christmas, 1995. He has no history of illicit drug use.

Since 1956, Mr. Rush has lived in his family home. Up until 1995, he was there with his mother and brother, Ralph. Since her death that year, only he and Ralph live there. The house is a small row house in southeast Baltimore. It is very dark inside with much clutter. The windows and small window in the front door are covered. Mr. Rush's brother, who greets visitors, is very anxious for visitors to walk into the house quickly so the door can be shut and locked. The brother mentioned that they might have mice and one does get several insect bites around the ankles, so it seems that the mice might have fleas. The brothers had very little heat in the winter.

On 4/26/74, at the age of 27, Mr. Rush was admitted psychiatrically, for his second hospitalization, to Johnson Hospital Center. He said that he tried to kill himself by cutting his wrists because he was "feeling sorry for myself." Records from Johnson Hospital indicate that Mr. Rush was admitted voluntarily after being treated at Newpoint Hospital (now Washington Hospital) for a suicide attempt in which he cut his wrists. Records note that Mr. Rush gave a 5-year history of "alcoholism, excessive nervousness and living at home with mother. Has a speech impediment — phobic at times, tremulous. Some signs of organicity, depression and schizophrenia." Admitting diagnosis was alcoholic deterioration and R/O schizophrenia. Records note that Mr. Rush expressed concern about going home without a job. He said that his mother wanted him to "stand on his own feet which he hasn't done in past 5 years." He was anxious in the interview. Medication consisting of Navane, 10 mg t.i.d., Mellaril, 150 mg in the a.m. and bedtime, and Cogentin, 2 mg at bedtime were begun.

During this hospitalization, records note, Mr. Rush had edema of his feet and legs. Mr. Rush was discharged on 5/31/74. He was referred to vocational rehabilitation, according to records. Medication was provided, and outpatient treatment was recommended. Apparently, Mr. Rush neither continued with medication, attended outpatient treatment, nor followed up with vocational rehabilitation.

On 9/27/74, records from Washington Hospital note that Mr. Rush was provided a psychiatric evaluation in the emergency room there after he was transferred from the "surgical unit because of a concussion to the forehead. Pt. found wandering nude and was brought to the ER. Pt. admits to visual and auditory hallucinations but would not give a description of [them]...Pt. has no idea what happened today. Pt. denied alcohol or non-prescription drug usage...Pt. became afraid of dog a couple of days ago, and staying in his room. Pt. telling of voices and telling mother not to be afraid of the voices." Records note Mr. Rush was on Navane, 20 mg at bedtime and Mellaril, 150 mg tablet 2x/day, and 1 at bedtime. He had not taken medication for about two months, these records note. (This evaluation likely followed the assault incident described above).

These records also state that, about a year ago, Mr. Rush stopped going out of the house. Later that evening, his mother arrived and said she would like to take him home. Records state: "Pt. refused to leave...with mother and wanted to spend the night. Pt. stated that he's in jail and can't leave. Mother to return in a.m. to take pt. home. Thorazine concentrate, 200 mg given at 10 a.m. and 300 mg at 11:30 a.m." Impression was paranoid schizophrenia. Plan was for Mr. Rush to continue with medication and to attend the Washington Hospital Crisis Clinic on 9/30. Again, he did not attend outpatient treatment.

On 3/18/97 and 4/1/97, home visits were made by Dr. Sargent, a consulting psychiatrist to the Brisbon Hospital Family Medicine Clinic. The evaluation done at these visits notes that before Mr. Rush became home bound, his family noticed that he would “shake uncontrollably and then leave from the home barefoot even when [there was] snow outside and stand there staring at nothing in particular.” This evaluation concluded that Mr. Rush is a “profoundly impaired man with following diagnosis: Agoraphobia; R/O undifferentiated schizophrenia; R/O schizotypal personality.” The evaluation also stated that Mr. Rush is “incapable of adequately caring for himself in an independent setting. He will require ongoing support for the remainder of his life as well as a payee to handle funds.”

A typical day for Mr. Rush is as follows: First, it is of note that he and his brother have their sleeping arranged so that one of them is awake at all times. They said that they began this when their mother was ill. However, she died two years ago, and they still continue this arrangement. Therefore, Mr. Rush sleeps from about 4 a.m. until 2–4 p.m. (His brother goes to bed early in the evening and arises at 3:30 a.m.). He then drinks some tea, smokes a cigarette, eats something, reads, watches TV, and listens to the radio. He also does the dishes. This is what he does every day.

According to Dr. Sargent’s evaluation, Mr. Rush has no food preparation skills. He states that he can heat stew and cook a TV dinner in a microwave. He does not talk on the phone because he said that this makes him feel “unusual, out of the ordinary.” He has not used the phone for the past three years except for one conversation with his brother’s therapist. He will not answer the phone. He presses *69, writes down the number, and gives it to his brother when his brother returns. His brother does all the shopping. Mr. Rush does some minimal household chores “now and then.” He does not go to the post office. He doesn’t answer the door. He doesn’t ride public transportation, and he cannot manage money without help. He has essentially never had financial responsibility for himself. Basically, his brother provides for all his needs and worries about how to pay for food, taxes, etc. The home they live in was owned by their mother.

Socially, Mr. Rush is extremely impaired. He has no visitors. “The only folks who visit are the people on TV,” he said. Sometimes, when he is angry, he loses his temper. His brother said that, at one point, Mr. Rush broke a telephone when he threw it against the wall. The brother reported this with a bit of a nervous laugh. His brother is the only other person whom he sees. Their relationship is strange. They exhibit similar symptoms although Mr. Rush’s brother is more obviously very anxious. Both exhibit strange thinking. In the report of his history, Mr. Rush once described something he did and then remembered it was his brother who did it. Their other brother used to visit but stopped after he had a stroke.

Mr. Rush exhibited fair concentration. He has no problem-solving skills. His memory seems grossly intact. He scored 28/30 on the MMSE in the SSI Project interview, losing one point on the date and one on recall of only 2/3 objects at 3 minutes. His attention is fair. It is difficult to say how Mr. Rush would function outside the home. In the home, in an environment of very low demand and stress, he is able to attend and concentrate fairly well.

As was noted, Mr. Rush has not been employed since 1968, when he left the Merchant Marine. He has not left his home at all since 1974.

In the SSI Project interview with the Project Director, Mr. Rush, as noted above, was cooperative with some irritability. When he shook hands, his hand was very cold. His conversation rambled when he spoke about the Merchant Marine. Otherwise, he provided extremely little spontaneous information. He sleeps fairly well, during the day. He said that he eats 2–4 times per day and never has more than 1,000 calories at a time. “I eat a lot of bread and margarine with meals,” he said, after emphasizing his limiting his caloric intake. He appears sad but not depressed. Range of expression is quite constricted. Affect is flat. He rates his mood as being 5–6–7/10. He experiences no suicidal ideation, he says, or homicidal ideation. He has a history of poor performance in school. His vocabulary is good. He states that he feels no suspiciousness of others and “trust[s] everybody.” This is not consistent with his behavior. He has a remarkable lack of interest in an outside life and no insight. He gives no thought as to how his bills are paid and how food is bought, etc. When asked what he would do if he and his brother lost the house for non-payment of taxes, he shrugged and said, “I’d be with my brother, Ralph. I would do what I had to do.”

In summary, Mr. Lester Rush is a 51-year-old, never married man who has literally been in his house for the past 29 years. It is likely that he and his brother have schizophrenia and that this fear of outside is related to bizarre thoughts, paranoia, and fear that is more of a psychotic nature than a phobic one. He states that he might like to go outside and might be willing to try doing so in 1–2 years. He has literally lost the last 29 years and has managed his symptoms with extreme isolation. Mr. Rush is a sad man who is truly disabled. Efforts continue to try to determine a treatment course for him, but this is very difficult because of his isolation and unwillingness to go outside at all. Mr. Rush cannot work and will not be able to do so in the foreseeable future.

If you have any questions, please contact Ms. Perret at 410-328-1406 or Dr. Sargent at 410-555-5555.

Sincerely,

Yvonne M. Perret, LCSW-C
Project Director

Cheryl Sargent, M.D.
Consulting Psychiatrist

Sample Report #2

March 24, 2003

Ms. Sharon Williams
Disability Determination Services
P.O. Box 6442
Baltimore, MD 21094-6338

Re: Annette Farnsworth
DOB: 9/1/58
SSN: 222-22-2222

To Whom It May Concern:

Ms. Annette Farnsworth is a 44-year-old, divorced, Caucasian female who has a lengthy history of homelessness and untreated psychotic illness. Ms. Farnsworth has a mannish cut to her hair (it is very short), and she tends to dress in what would usually be considered mannish clothes — trousers, loose fitting shirts, boots. She is dirty and has especially dirty finger nails. Her volume of speech is low. She is 5'6" and reports weighing 125 pounds, noting "I've always been gouty — unhealthy looking." She wears dentures and has small round scars on her right arm that she describes are "black beads that came up through the arm because of the leukemia. They're highly deadly. This happens when I get near a church." Ms. Farnsworth's conversation is replete with delusional somatic references and is extremely difficult to follow. Factual information is interspersed with psychotic material so the history is confusing and unclear. She speaks very sincerely, with sadness and pain, as she describes the number of health difficulties that she has had and continues to have. These have not been confirmed by treatment providers.

Ms. Farnsworth was originally referred to the SSI Project in the summer of 2002. Her application and disability report were completed at Project Believe, a drop-in center for individuals who are homeless and who have serious and persistent mental illness. Then, she disappeared from that center and did not return. Prior to this referral, she had been receiving treatment from Holy Cross Hospital. They lost contact with her as well. Despite further contact with Project Believe, Health Care for the Homeless, and other sources, Ms. Farnsworth was lost.

In January, 2003, the former SSI Project Director was volunteering in the evening at a shelter and re-connected with Ms. Farnsworth. Immediate follow-up was arranged to which Ms. Farnsworth agreed, and we have finally been able to stay connected with her and complete the process. The aim is to connect her with additional mental health services, but this process will proceed slowly and carefully as we do not want to lose her again. She has a severe psychotic illness and definitely needs treatment, assistance, and support.

PERSONAL HISTORY

Ms. Farnsworth was born and raised in Richmond, VA. She said that she has two younger brothers and one younger sister but that she never grew up with them. She said that, when she was 18 months old, her mother took her to Texas. There, she was hit by a “cyclone/tornado/hurricane” and “was thrown” by the storm and “got hurt. Got a brain infection and I was in a coma from then until I was 4 years old.”

When her mother found out how sick she was, Ms. Farnsworth said, and she found out that Ms. Farnsworth’s neck and back were fractured and that she had “polasia, which is part of leukemia” and “needed to be in a quiet place,” her mother called several states. She finally found help here, in central Maryland, and took Ms. Farnsworth to stay with a “guardian,” a Mr. Higgins. Ms. Farnsworth said, “He says I’m an orphan and Lynette [her mother] was his friend and found me and gave me to him.”

Ms. Farnsworth also mentioned that her father died when she was 20 months old. She said that he was an electrician and hit wires on the ground and died.

For the rest of her growing up years, Ms. Farnsworth stayed with Mr. Higgins. She said that she married at age 23, and he died when she was 24 years old. She has not spoken with her mother in 15–16 years and is uncertain if her mother is still alive.

Since she was married at age 23, Ms. Farnsworth has had 5 children, all of whom are in foster care because “I have been too sick to see them.” Ms. Farnsworth said that she was divorced in 1990. She said that all her children were “a surprise” and “they have disabilities.” She described the children as follows:

- (1) Anna Marie Frances, b. 5/25/85, who Ms. Farnsworth said “might have cerebral palsy.”
- (2) William Allan Hightower Wood, b. 7/24/86 — “a surprise.”
- (3) Christopher Robert Timber, b. 2/22/88.
- (4) Scott Timothy Brown Timber b. 6/22/89.
- (5) Elmore France Madrid Prune, b. 5/29/98. “I’m not sure if he had all his organs,” said Ms. Farnsworth.

Regarding her education, Ms. Farnsworth said that she left school at age 15, in the 10th grade. She said that she was in special education. The last school she attended was Transit High School, where she was for one year. She said that she was “too sick” to stay there, and the principal “said I should be on leave.” She said, “I was bleeding in school” and “couldn’t see.” She said that she “left. I didn’t quit.”

According to Ms. Farnsworth, she has no work history because she was been unable to work because of being too sick.

In 1980, Ms. Farnsworth was arrested for a DWI; this was later dropped.

When she was a child, Ms. Farnsworth said, she had SSI. She said that her guardian, Mr. Higgins, who was also her grandfather, died. She said that she couldn’t get her check after he died because

she couldn't walk to the SSA office on Connor Street. She currently has "nothing." She said that she has been homeless for about a year and stays "in the immediate neighborhood. Most of the time, I'm in the fresh air."

PHYSICAL HEALTH

Ms. Farnsworth presents a confusing history of physical health problems. She said that she is being treated at Charity Hospital for "Franchrascicon Broyde" cysts and sees a Dr. Miller there. She said that she had an operation there to try to find these cysts; she still has a cyst under her rib cage and treats this with aspirin, special food, fluids, vitamins, ice, and Sudafed. She said that she had a chromosome analysis at the Washington Optical Clinic at Taylor Evans Hospital because she is going blind. She said that she had a stroke after the operation and was in South Christian shelter. She said, there, she "dropped dead" and was "told to go in the fresh air."

Regarding her medical history, Ms. Farnsworth also said that she was diagnosed with cerebral palsy and polio at birth. She said she had leukemia and is waiting for treatment at Tyler Hospital. She also described being partially deaf and said she had lost her voice as well. She reports receiving treatment between Union Hospital, Taylor Evans Hospital, and Charity. She said she also has "dwarfisms that cause her to grow tumors. After [she] gets rid of one, [she] grows another. I smell because of the drainage." Ms. Farnsworth also said that the doctors keep "looking for the cerebral palsy tumors that keep me stupid. I have to eat special food and special water." In January of this year, Ms. Farnsworth reported having tumors that are coming out through her bowels and are quite painful. As a little girl, she said, she had a "blood clot in her brain and was going to die. I was in Shadsworth at Texas General Hospital. The doctor said you're very sick. [He said] you have to go. I'm going to give you a ride because [you're] smart."

According to Ms. Farnsworth, she has had eye surgery at Washington Optical Clinic and an "internal investigation" at Taylor Evans. She has received treatment at Charity Hospital over the past 4–5 years and said, "just because I didn't get cut doesn't mean I wasn't cut inside."

SUBSTANCE USE HISTORY

When asked about substance use history, Ms. Farnsworth said that she doesn't drink or "do drugs." When asked if she ever did, she replied, "Not really." Years ago, she was arrested for a DWI that was later dropped. There is no current evidence that she uses any drugs or alcohol.

PSYCHIATRIC HISTORY

Ms. Farnsworth said that she has had "depression of the heart" since she was five years old. She reports no psychiatric hospitalizations. She said that she was seen at Taylor Evans for psychiatric outpatient treatment and at Union for "psychiatry with dentistry." She also said that she received case management services through Freedom Hospital. She said that the case manager "took me to the hospital for a psychological investigation." She was to receive medication and said her case manager "went to get the medicine and never came back."

Both Union Hospital and Taylor Evans have no records of treatment of Ms. Farnsworth. On 3/25/02, Ms. Farnsworth was interviewed by the director of the mobile treatment program (MTP) at Holy Cross and was accepted for admission. The interview took place on the street. For the rest of the month of March, she was seen two more times by the mobile treatment therapist but was not very cooperative.

On 4/2/02, Ms. Farnsworth was scheduled to see a psychiatrist at the MTP. She was seen on this date by her therapist on the street but refused to see the psychiatrist. She was rescheduled for 4/9/02. However, on that date, she again refused and was finally seen for an evaluation on 4/16/02. On that date, she had her initial treatment plan completed, was diagnosed with a psychotic disorder NOS, and Zyprexa, 10 mg each day, was initiated. Other diagnoses under consideration were delusional disorder, somatic type and alcohol abuse.

On 4/18/02, Ms. Farnsworth was again seen on the street by her MTP therapist/case manager. The MTP staff attempted to transport Ms. Farnsworth to a somatic appointment, but she refused. She was transported to a drop-in program where she was able to shower and change clothes. Her somatic appointment was rescheduled for 4/23.

On 4/23/02, the MTP staff could not locate Ms. Farnsworth. Another attempt on 4/30 was also unsuccessful. Therefore, she did not keep scheduled somatic appointments.

In May, 2002, Ms. Farnsworth was seen once, early in the month, by her MTP worker. Further attempts were made to locate Ms. Farnsworth on the street, at the drop-in center, and in the downtown area but were unsuccessful. Her case was then closed on 5/31/02 because of lack of contact.

In July, 2002, she reported no treatment for three months.

About medication, Ms. Farnsworth said that she takes Theragram and chlortrimeton. She said the chlortrimeton (an antihistamine) “goes after the tumor. It’s a brain medicine devised to be electrical stimulation to freeze dry or move or make the tumor flow away. One wrong move with it and you just explode. I keep on trying to bust that tumor.”

On 2/3/03, Dr. Sagamore, of the Union Hospital ACT Team, and Ms. Harriet Jones, current director of the Special Outreach Project, met with Ms. Farnsworth at Project Believe. Ms. Farnsworth had missed one appointment with Dr. Sagamore but did keep this appointment on time. The evaluation notes: Ms. Farnsworth “...appears a little older than her stated age. She was disheveled, wearing soiled clothes and multiple layers; she was somewhat malodorous. She made good eye contact. Speech was normal pace and volume...Ms. Farnsworth’s mood was euthymic, affect was odd and somewhat restricted. Thought processes were quite disorganized, circumstantial, tangential, and occasionally loose. Ms. Farnsworth’s thought content was largely focused on a variety of apparently delusional somatic concerns; she reports cancer which traveled from her head to her spine to her stomach, dermatology issues, and problems with her feet. She reports that all of these issues are being treated by the ‘dermatology department’ at Taylor Evans. Ms. Farnsworth did not report hallucinations. There was no evidence of dangerousness to herself or others, although her ability to care for herself at this time is marginal. Ms. Farnsworth was alert and oriented to person, place, time, and situation. Insight into her psychiatric illness is nil and judgment is impaired.” Diagnosis was schizophrenia, chronic undifferentiated type.

In addition to this evaluation, Dr. Sagamore determined that Ms. Farnsworth would need a representative payee for her SSI benefits. Dr. Sagamore writes: “Ms. Farnsworth is currently quite psychotic, delusional, and disorganized. She is homeless and living on the streets. She is too disorganized to be able to handle her funds to meet basic needs such as food, shelter, and clothing.” (It is noteworthy that project staff requested medical records from Taylor Evans, where Ms. Farnsworth states she has received and is currently receiving treatment, and the medical records department staff have said that no records for Ms. Farnsworth exist.)

FUNCTIONAL INFORMATION

Ms. Farnsworth is severely functionally impaired in all major areas. She said that, typically, she “stays out in the fresh air.” Essentially, this means she has no regular shelter. She goes to Project Believe, a drop-in center, from time to time to shower. She eats at a soup kitchen, usually Bread & Bananas. She might walk to the Outer Bay Harbor. She said, “I’ve been asked to stay where there’s a lot of people so I go there. People give me food. It’s been spiritual.” At 10–11 p.m., she leaves downtown and “comes back to the neighborhood.” The neighborhood around Project Believe is east city, not an especially safe area to be staying outside. “Every day is the same,” Ms. Farnsworth said.

According to Ms. Farnsworth, she knows how to cook chicken, pork chops, scrapple, canned vegetables, and soup. She, however, has not done this in some time. She said that she receives food stamps and eats mostly at the 7/11. She said, “I like to eat a lot of food. I have a touch of cholera that has lots of acid and I have to eat 2–3 meals to get enough food. The food acts like a bumper to knock the tumor out.” She does not use a phone or phone directory and does not shop or clean. When she can, she washes her clothes at Project Believe. She reported last showering “four months ago because I was told to stay dry. But I’ve been out in the rain and that washes my face and hands each day.” Ms. Farnsworth feels that she can manage funds on her own because she has a “bank with me.” She walks everywhere but describes having pain in her legs and having difficulty walking.

Socially, Ms. Farnsworth is truly alone. She is isolated and easily becomes frustrated around other people. At the emergency shelter one night, she became quite agitated and almost required intervention to go to the hospital. She was able to calm down, however. She becomes upset easily and her conversation becomes even more confusing and hard to follow. She is clearly trying to communicate clearly but is not doing so. She becomes very frustrated when others don’t follow what she is saying. She said that she has friends but doesn’t know their names, addresses, or phone numbers. She seems to move through the world very alone, scared, and unsupported.

Cognitively, Ms. Farnsworth has an extremely difficult time remembering tasks such as appointments. She is so preoccupied with her somatic worries that they often consume all her attention. She remarks, “Sometimes, right after one of these episodes, I can forget everything and have to relearn it.” She pays close attention but does not seem able to repeat what someone has said to her. She also is somewhat suspicious of others and is somewhat hypervigilant.

SUMMARY

Ms. Farnsworth has a severe psychotic illness that has caused her to be homeless, hungry, and ill cared for. She has extensive somatic delusions that consume her attention and take all her energy. She insists that she is not “crazy” and that the reason she would receive SSI is because of her ongoing and serious physical health problems. She is consistently hungry and, while she has been able to meet very basic needs, her self care has clearly deteriorated. Ms. Farnsworth is in need of gentle and ongoing psychiatric support and treatment, case management, housing services, and an array of other programs to help restore her to some minimal functioning on a regular basis. She is clearly disabled at this time and unable to work.

If you have any questions, please call Ms. Jones at 444-444-4444 or Dr. Sagamore at 444-555-5555.

Sincerely,

Harriet Jones, LCSW-C
Project Director

Winnie Sagamore, M.D.
Medical Director
ACT Program

Sample Report #3—An Abbreviated Report

November 7, 2005

Ms. Frances Hughelet
Disability Determination Services
P.O. Box 9999
Seahawk News, MD 21067-6999

Re: Oliver Daniels
SSN: 111-11-1111
DOB: 1/19/67

Dear Ms. Hughelet:

Mr. Oliver Daniels is a 35-year-old, single, Native-American/Caucasian man who appears younger than his stated age. He is 5'9" and weighs 280 pounds. He has long dark hair, a blank look, and his two eyes are not coordinated together. He said that, as a child, he "caught a fish hook" in his right eye, and he is currently blind in that eye. His right eye dips to the side as one is looking at him. Mr. Daniels has significant tooth decay. He has several tattoos including two on his forehead and several on his arms. The one that is on his forehead between his eyes is a mushroom. The other one on his forehead is a butterfly that is partially covered by his hair. He said he has these two because he is "half Cherokee" and likes "mushrooms and butterflies." He would like to have the mushroom removed since he finds that people stare at it. It is quite noticeable and large. In conversation, Mr. Daniels is friendly, cooperative, and frequently has difficulty processing questions. Some have to be clarified or repeated. He obviously has cognitive difficulties as well as poor judgment.

Mr. Daniels was originally referred to the SSI Outreach Project in January, 2005 prior to his release from Prison Central. The SSI Project Director interviewed him before his release and again after his release, in the home where he was placed. Shortly after the interview, he left this home, and neither the care provider nor his case manager knew where he went. As it turned out, he returned to an old neighbor's house, got arrested for violation of parole (which will be explained later in this report), and was returned to Prison Central. He was again released, this time on 10/15/05, and was referred back to the project. He reports having had SSI in the past, before he was incarcerated.

PERSONAL HISTORY

Please see attached psychosocial report for Mr. Daniels's early history. About his stepfather, Mr. Daniels said, "One time he hit my mother and split her face open."

The reader is asked to note especially Mr. Daniels's foster care history, as explained in the attached report, beginning when he was 9-10 years old until ages 13-15 when he was with his sister in Alaska.

At age 15, as noted in the attached report, Mr. Daniels was in a coma for about two weeks in Antarctic State Hospital. The events leading up to this are described in detail in the attached records.

The reader should note as well Mr. Daniels's educational history as he was in special education, said he was told he was "slightly retarded," and believes he completed only the 9th grade. A report of educational and minimal employment history is attached.

Legal history is noted in the attached report beginning when he was an adolescent, through 2004. Since then, he spent time in the Frontal Correctional Institute and in Prison Central, for six months prior to his release in February, 2005. As was mentioned, the SSI Project Director visited him there.

What happened that led to his parole violation is described in attached prison records. His last release was on 10/15/05. He now resides in another licensed board-and-care home on Mt. McKinley Street, where he feels well-treated.

PHYSICAL HEALTH HISTORY

Regarding his physical health, Mr. Daniels is close to being obese. He said that he had gained even more weight recently, bringing him to his current weight of 280. The remainder of his physical history is contained in the attached report. He's been treated at East Park Medical Center and is being treated there for "bleeding from his penis" and a "bad infection." (See attached records).

SUBSTANCE ABUSE HISTORY

Mr. Daniels's substance use history is contained in the attached report and records.

He reported that he plans not to use drugs any more and has had nothing since October, 2005, when he was released.

PSYCHIATRIC HISTORY

The first known psychiatric treatment history for Mr. Daniels was on 5/30/83, when he was admitted to Antarctic State Hospital (ASH), voluntarily, after being admitted to "Hannah Hospital in a state of unconsciousness after he had ingested Tegretol and alcohol in what witnesses claim was a threatened suicide attempt." Records from this admission are attached and indicate a poor prognosis. He was discharged to the custody of his sister.

On 5/20/91, Mr. Daniels was admitted again to ASH. (Please see attached records, including psychosocial evaluation).

Readmission to ASH occurred once again from 6/8-6/11/91. Mr. Daniels was found on the street “acting bizarrely.” He was discharged fairly quickly as staff felt he did not evidence a psychotic disorder nor was he homicidal or suicidal. Discharge diagnosis was personality disorder NOS.

Another admission to ASH occurred from 8/10-8/13/91. (Please see attached records from this and a subsequent admission to ASH on 11/2/91).

Mr. Daniels was again in ASH from 2/13-3/16/92. During this admission, he was given psychological testing. Records from this admission and the testing are attached. His next admission there was from 5/16-5/19/92 (see attached records).

Between 1992 and 1998, we have no records. From 1998-2003, Mr. Daniels lived again in Bangalore and was seen at the Upper Bangalore Mental Health Center, given a diagnosis of schizophrenia paranoid; R/O antisocial personality disorder and R/O adult ADHD. See attached records.

On 10/30/05, Mr. Daniels was seen for his initial outpatient evaluation at the Josephine Sledge Community Psychiatry Program (CPP). Detailed records from his treatment there are attached as well. Diagnosis there is schizoaffective disorder; R/O bipolar disorder type I; history of polysubstance abuse; R/O intermittent explosive disorder; mild mental retardation, and R/O antisocial personality disorder. Obesity and right eye blindness were also noted. Medications to be started were Risperdal, 4 mg at bedtime; Cogentin, 2 mg at bedtime, and carbamazepine, 200 mg at bedtime.

FUNCTIONAL INFORMATION

Typically, Mr. Daniels gets up between 7 and 9 a.m. He said he then smokes a cigarette and has a cup of coffee. He eats breakfast, does assigned chores, goes to appointments and then sits on the porch or watches TV. He said that he stays in the house most of the time. He is in bed between 10-11 p.m. Weekends are about the same schedule.

Mr. Daniels shows marked impairment in his activities of daily living, in his social functioning, and in his ability to pace and persist in the completion of tasks.

Regarding his activities of daily living, Mr. Daniels reports that the “man who runs the house hired a chef to cook the food. He’s really good.” He said that he knows a “little bit” about cooking but has “trouble because my mind shuts down if I have to do it all myself.” He is able to use the telephone but seldom does. He does not know the phone number of the place where he lives. If he needed to get a phone number, he would call the operator. The man who runs the house does the shopping for food and other things. Mr. Daniels said that he is assigned a rotating chore at the house. “Today, I didn’t do my chore because I got up late and had to come here,” he said. Staff in the house does the laundry. He said that the care provider “is a good guy. He seldom raises his voice. He tries his best to make us happy.” He bathes or showers “no less than every other day.” He said that he has been to the post office “a couple of times in my life.” Although he felt that he could manage his own funds, his treating psychiatrist noted that the extent of institutionalization in his life and his limited skills made him unable to manage his own funds. Either his case manager or his care provider takes him to appointments or

wherever he needs to go. He does not use public transportation. Mr. Daniels has never maintained his own residence. For virtually his whole life, he has been in foster care, in institutions or hospitals, or with family.

Socially, Mr. Daniels remains somewhat shy and uncomfortable around other people. He stays to himself and pretty much stays in the house. He said, "I don't go nowhere except to the hospital or on a ride with Mr. Mohan (the care provider)." He communicates fairly well but has difficulty understanding/processing information. He said that, when angered, "I don't usually get violent but I might cuss somebody out. I think that's normal. I don't keep a grudge longer than 2 days." Mr. Daniels feels that he is still learning how to be with other people. His life of institutionalization has reinforced his isolation and aloneness. He manages when others don't interfere with him. However, when they do, he struggles to keep his behavior in check.

Regarding his ability to pace and persist in the completion of tasks, Mr. Daniels said that he can concentrate if things around him aren't distracting. He feels that his memory is "getting worse than it used to be." He feels that his past drug use probably affected his memory and his thinking as he notices problems with both. He also needs reminders to take his medication. He said this is especially true "when things are going good." His long-term goal is to enroll in karate school and to quit smoking.

SUMMARY

Mr. Oliver Daniels is a 35-year-old, single man who has been in institutional placements for much of his life. His lengthy history of learning difficulties, aggression, substance use, bizarre behavior, and psychotic symptoms have impaired his functioning throughout his life. Without a supervised living situation, Mr. Daniels would likely be re-arrested or re-hospitalized. He needs reminders regarding medication, appointments, and supervision/monitoring regarding behavior control. He has organic problems that result from earlier childhood difficulties, head trauma, and substance abuse. His early history led to the development of personality difficulties that are long-standing and carry a poor prognosis. His work history is sparse; his functioning in the community has been extremely poor. If you have any questions, please call Ms. Francis at 410-328-1406 or Dr. Catnap at 410-955-2292.

Sincerely,

Ms. Frances Francis, MSW
SSI Project Director

Harold Catnap, M.D.
Psychiatrist

Sample Employer Letter to Support SSI/SSDI Claim

August 3, 2005

Disability Determination Services
P.O. Box 9999
Everyplace, USA

Re: Jones, Jane

To Whom It May Concern:

Ms. Jane Jones was hired as an aide at our nursing home and worked here from 2000-2003 in a full-time position. During the years that Ms. Jones was here, she had to take a significant amount of medical leave. However, because she was so well liked by the staff and patients here, we granted such leave. During the last year, she was unable to do her work without someone with her virtually at all times. She would often become confused and needed help completing her assigned duties on time. Initially, other staff were more than willing to pitch in with Ms. Jones as she was very sweet, pleasant, and appreciative. However, over time, it became impossible for us to keep providing this amount of support, and we had to let her go. We were sorry to have to do this.

If you have further questions, please call me at 640-782-9876.

Sincerely,

Clara Barton, RN
Nursing Supervisor

Sample Letter from Collateral Source

June 5, 2004

Disability Determination Services
P.O. Box 5555
Bigcity, New State 44124

Re: Sam Smith
Born: 5/7/77

To Whom It May Concern:

I am the mother of Sam Smith, who is now 27 years old. For a very long time, Sam lived with me. Last year, I couldn't keep him here any more because he was up a lot at night, talking loudly when he was up, and kept saying very strange things to me, like he didn't think I was his mother. I had to ask him to leave because I work and I couldn't keep working when I wasn't getting sleep. I felt really bad about this and worry about him all the time, but I didn't know what else to do.

As a youngster, Sam was a quiet, obedient boy. He didn't give me any problems when he was little. In high school, he started staying more to himself and not doing so well at school. When we would talk about it, he didn't seem to know why. He got quieter and quieter and didn't seem to have any friends. But he was still nice at home, so I didn't worry too much. And he wasn't failing at school, so that was good.

Sam then barely finished high school. After that, he really didn't do anything. He would stay in his room all day and read or just stare at stuff. He started not taking care of himself very well and wouldn't wash without my asking him to. He couldn't tell me why and, when I asked, he would get really angry with me, so I stopped asking. Since my husband passed away a few years ago, it was just Sam and me at home, so I tried not to push him too much.

For a little bit of time, Sam did a few odd jobs, but he couldn't seem to be able to keep work. He would say that the people at work were out to get him or his bosses accused him of doing wrong things. At first I believed him but then I wondered if this could happen at so many different jobs. He gave up trying to get work and then just stayed in his room. Sometimes he would say that I was trying to feed him bad food and he would refuse to eat.

I didn't know what to do. We've never had problems like this before and I didn't realize that what Sam was doing were signs of a sickness. Finally, one day, he got so upset with me I was frightened and called the police. When they got here, he was angry with them, and they took him to the hospital. He

was there for a couple of weeks, and I was told he had schizophrenia. He came back home and was better for a while but then fell back to his old ways.

Right now, Sam doesn't do anything. He's stopped taking the medicine they gave him because he said he doesn't like it. He sometimes goes to the clinic and meets with people there but not as often as he should. He also says that he doesn't trust those people and they're just going to try to put him away again.

Since I had to ask him to leave, I don't know what he does during the day. But, when he was here, he would just stay in his room, eat a little bit, and talk really loudly. When he comes here to see me now, he is dirty and smelly. I let him take a shower and try to wash the clothes he has with him if he will let me. He stops by about once or twice a week. He said that he sometimes goes in a shelter but doesn't like the people there so he sleeps outside. He's not eating much and looks real thin to me. I wish I could let him stay here but I just can't. It breaks my heart to see my wonderful boy like this.

I don't think he talks with anyone and I know he doesn't have any friends. He said people talk about him and point at him wherever he goes. He won't take the bus because of the people and walks here, which makes him really tired. When he comes by, I try to get him to eat something. Sometimes he will, and sometimes he won't.

Sam has changed so much. He used to be so bright and clever. Now, he seems to get really confused when I ask him questions. He forgets to do things and can't seem to tell me much about his life and what he does. He always seems to be distracted and thinking about something else even when I am talking to him, and he says he's listening. I know that he hears voices and noises and that's a big problem. I think these voices say very scary things to him.

I hope that you can help my son. I try to give him some help, but my job doesn't pay too much, so I can't do a lot. If you know of some place he can get help, I'd sure appreciate it. Having some income would help him get a place, and that would help him a lot, too. Thank you for reading my letter. I hope this helps. You can call me at work 999-456-2345.

Sincerely,

Sara Smith

VIDEO SIMULATION INTERVIEW



During the course of the training program, participants have had an opportunity to view segments of a video. This video is a role play of a complete interview and it is conducted by the author of this curriculum, Yvonne Perret. Andrea White used her own name in the role play; however, this is a fictitious portrayal for the purpose of illustrating interviewing and assessment techniques. A sample medical summary report for the person depicted in the role play can be found on the next page. To obtain a copy of this video please send an email with your name and mailing address to soar@prainc.com.

Sample Medical Summary Report for “Andrea”

November 28, 2004

Disability Determination Services
P.O. Box 4444
New York, NY 10000

Re: Andrea White
DOB: 7/16/55
SSN: 111-11-1111

To Whom It May Concern:

Ms. Andrea White is a 49-year-old, single, Caucasian woman who, when asked her age, said it was 42 rather than her correct age of 49. She is overweight but is generally neatly groomed and clean. She has a very flat affect and answers questions in a monotone, with little eye contact with the interviewer. She frequently looks away and volunteers virtually no information; she interrupts from time to time to ask if this will “help me get a check” or “how long will this take.” There is an undertone of irritability as well as sadness. She fidgets some with her hands and clothing during the interview but otherwise stays still, often looking down or away. She sometimes repeats things.

In general, she is cooperative with the SSI-related assessment interview. Her conversation at times loses focus. For instance, she’ll be describing something in her past and then interject, “I need my own place first.” Ms. White has been homeless and living on the street and in shelters for about 5 years. In addition, she has a history of numerous involuntary psychiatric hospitalizations and outpatient psychiatric treatment.

PERSONAL HISTORY

Ms. White was born in Connecticut. For a “while,” she was with both her parents and then “my father left” when she was “little,” before “I went to school.” She was then raised by her mother and has one younger sister, 5 years younger than she. She never saw her father again. When talking about her sister, she said, “I take care of her. I take care of her.” Sometimes, she said, people, usually her mother’s men friends, would come and stay at their house and would come and go.

She said that her maternal uncle came to live with the family when she was 6 or 7 years old and that he was “nice to me, nice to me, he used to give me stuff, presents. He used to give me presents, lot of presents. Let me drink his beer.”

When Ms. White was growing up and did something naughty, she said that her mother sometimes didn’t care and sometimes “she did care.” Her mother’s reaction was difficult to predict. When she “did care,” she would “hit.” When asked if she was hit more than her sister, she replied, “I helped my sister. She was little.”

She said that her mother “slept a lot” and would say she was “sick.” Sometimes, her mother would work as a hostess in a restaurant. She said that her uncle would watch TV, give her beer and tell her that it would help her “sleep.” Her mother also “liked to drink, said it helped her sleep.”

When asked initially about the possibility of sexual abuse, Ms. White got agitated and said she had to go, that she had to leave soon. She then agreed to continue with the interview. Later, she said that sometimes her uncle would “cuddle up and be too close. But he was nice to me and he would give me stuff. He’d pay attention to me. Sometimes it was hard...sometimes I didn’t always want to do that.” She said that sometimes she didn’t want to have sexual relations with him and that was “hard.” She didn’t tell anyone because “he was nice to me.” She said, “It’s hard but now I get people to stay away from me. People stay away from me.” She acknowledged that having people stay away from her was a way to protect herself. Her uncle told her that this behavior would be “their secret. It was our secret.” She said that this behavior started when she was about 8 years old and continued until he moved out, when she was 12. It was only after he left that she quit school and stayed at home, for the first time feeling safe there. She said, “I want to be safe.” Her uncle only worked “sometimes.” After she said this, Ms. White said, “It’s important to be safe.”

Ms. White’s education was limited. She finished 6th grade and began 7th; at the time she finished, she was about 12 years old. She said that she liked the teachers and that they were “nice” to her. She said that she got along with the other kids “okay,” but they had things to do after school. She couldn’t join them because she was “busy. I had to go home.” She said that school was “hard. School’s hard.” She liked art and was “good in art. I liked to paint.” However, she had “no art stuff at home.” She didn’t like math, she said, but she can budget and shop. She said these tasks are “hard” but she “can do it. I need my name to come on my check.” She repeated several times that she “had to go home” after school. She said that she was “going to do” 7th grade over but she “was grown. We had just moved. I was busy and I didn’t need to redo 7th grade.” She said the family moved a great deal, so she attended several schools. In school, she often “had things on my mind.” So, school was “hard.” When asked about any consideration of further schooling, Ms. White said, “Yeah. But I need to get my own place first. I’m smart and could do good in school but I need my own place.”

When Ms. White was 16 or 17, she moved out to live with her boyfriend. She said, “My sister was big by then. She was bigger. She could take care of herself more. She could cook. I taught her how to cook.” Prior to moving out with her boyfriend, Ms. White said that she “would leave home sometimes.” She did not elaborate on this.

She lived with her boyfriend until she was about 19 or 20. She said that he was “nice, sometimes.” She said he was also “mean sometimes” and would “scream, yell, and he would hit sometimes, but only when he got really mad.” She met someone else in a bar and then was with this man. She said, “I got a lot of boyfriends.” Now, she said, she has a “friend.” She said he’s not a boyfriend because they don’t live together. Most of the boyfriends, she said, were “nice.” But she said, “People can get mean.” She said they “didn’t understand. That sometimes you’re tired and you got things to do. They didn’t understand sometimes...” She had a daughter when she was 19 years old, and she doesn’t have an opportunity to see her. She said that her daughter “lives with a new family. She’s safe...I couldn’t take care of her.” She said, “They took” her daughter and she couldn’t see her. Even when her daughter was young, she said, she “couldn’t see her. I was busy. She’s safe.” She said again, “I want to be safe.”

When she first moved away from home, Ms. White said that she “worked in a bar. Waited on tables, took drink orders, got stuff from the basement. I helped them.” She said that she did this, in different bars, for a couple of years. She said, “It’s a lot of work. It’s a lot of work...not everybody’s nice.”

When people weren’t nice, she said, she would “leave.” The longest she worked in one place was about 6 months. Sometimes, she was “just tired” and would “leave.” Sometimes, she “got in some fights with some people and they didn’t do things the right way and I was trying to get them to do things the right way. But they were just too stupid to know, so...” She was paid in cash at the end of the workday. She liked “the money” and “some of the people there. They were nice. They gave me presents and stuff. Some of the guys who came in regularly were nice. I liked that.” She said that she didn’t like “the

pressure. Sometimes there was too much pressure. I didn't like it when they said you have to come in every day. I didn't like that. I liked the money every day." She said that she would work a couple of nights and then maybe not. She said that sometimes there was "favoritism." Sometimes, she said, she was the "favorite," but "mainly you know people get tricky." (She did not elaborate on this.)

About any other work, she said, "It's hard. Don't have a place to stay. With work you gotta do the regular thing. And I've been very, very tired. Tired." When she has had some energy, she has "helped people clean their houses. And I help them clean their houses. And I help them take care of things. And sometimes I work in bars. And sometimes people help me...Give me some money." She said that she figures she last worked 20 years ago. She said, "I want to work in an office where people don't bother you." She has never worked in an office. She said she signed up for a training program once but she "didn't go." This was for "clerical" training; she decided not to go because she was "tired." She acknowledged that she becomes worn out and "sad."

When she wasn't working, her boyfriends would sometimes support her. Other times, she would get public assistance, or people would help her. Sometimes, she would panhandle.

PHYSICAL HEALTH

Ms. White said that she has high blood pressure and sometimes gets "bad headaches." She said that she has these sometimes "every day and sometimes I go to the hospital." (The hospital usually is St. Luke's or Bellevue.) She has been given medication in the emergency room but doesn't know the name. The headaches get "quite bad" and they make things difficult for her.

As a child, Ms. White said she was sick a lot. She said that she would get "chest stuff. I was sick." She also had a lot of earaches, would go to the emergency room, and was hospitalized at St. Luke's "sometimes" because she "couldn't breathe." She had asthma and now has an inhaler — "white, not green." She has no history of seizures. Now, she said, she has hepatitis C and was told this at St. Luke's about 3 years ago. She has it checked at the emergency room if she goes back there but has no regular primary care physician.

When Ms. White was 10 years old, she had a tonsillectomy and adenoidectomy (T & A). She was in a hospital in Connecticut and was there "for a while." About 10 years ago, her left arm was broken in a fight with her boyfriend. She said that she had it in a cast, which she took off herself. Her arm continues to be "achy," especially when the weather is damp.

When she was young, she fell a "couple of times" and was "hit in the head" when young and as an adult. Sometimes, she said, in fights with her mother, she would get knocked out. She never went to a doctor. As an adult, she fell a "couple of times" and "saw stars." She said this was "sometimes" when she was drinking. She had no treatment.

When asked about her hearing, Ms. White said that she can hear "okay. Sometimes I get distracted." She said that she gets distracted by "different things. Sometimes I hear conversations...sometimes I'm thinking real hard and it's hard for me to hear." She said that sometimes the conversations are "about her" but that she doesn't "hear voices."

Regarding her vision, Ms. White said it is "hard for me to see." She said that she "got glasses off the table at the shelter."

SUBSTANCE USE HISTORY

When Ms. White was 7 or 8 years old, she said that her uncle would give her "sip or two" of beer. At ages 12 to 13, she would "get my own" from the beer in the refrigerator at home. At times, Ms. White stopped drinking. She said she started drinking because it helped "other things stay away...your

worries.” Though she had “worries” before 12 or 13, it was then that she found the alcohol helped with the worries and helped her to relax and to sleep. Currently, she has a “few drinks sometimes” — vodka or wine. The amount she drinks each day “depends on what there is.” She said she usually has a fifth of alcohol and shares it with 1 or 2 people. She has trouble sleeping and feels the alcohol helps her to sleep. Alcohol is “easy to get and you can sleep,” she said.

After trying alcohol, Ms. White said that she also has used cocaine, crack, heroin, LSD, and PCP. She felt the cocaine and heroin “made me feel normal...like everybody else. Felt better. Sometimes it was calmer, but I felt just like everybody else...even with crack. With crack, everybody’s crazy.” She did not like the LSD or PCP. She said the effects from the drug don’t last long and, afterwards, she feels “jangley,” and wants more. Also, she has headaches, and her alcohol/drug use helps her not feel these so badly. Without alcohol or drugs, she said, she feels “terrible.” She said that cocaine is her drug of choice because it makes her feel “important” and “less tired.” With alcohol, it’s “easy to get” and “you can sleep.” With cocaine, “you’re alert, safer.” With cocaine, she said, you also “can do anything.”

When she has been hospitalized at St. Luke’s, she would get help with her alcohol and drug use. She said that she would like to stop using but not now because she needed a place to stay first. She said that she wanted to stop having these headaches and get a place first. She currently mainly drinks to help her sleep but also uses cocaine and heroin whenever she can to get rid of the “worries.”

PSYCHIATRIC HISTORY

Ms. White said that she has “always felt sad.” There are “times when I feel better. Times when I feel good.” She said, “I start to feel better. Things start to go faster. Things are brighter. Things start to speed up... Stuff starts to race. It’s hard for me. They call it manic-depression...” She said that the doctors told her mother and told me they both had it. She said, “They call it cyclical. But it’s not always like that. It’s not always the same time of year. It’s a different thing.” For most of her life, she has felt sad “and scared.”

She said she’s also had the “speeding up” for a long time and “that’s when I get in trouble.” She said, when she was manic, she would feel “really, really good and then things go too fast. But I liked it.” When manic, also, she stops hearing the voices “telling you you’re bad.” These voices happen more when she’s sad. Then, she said, “I don’t hear voices. This is people talking.” She said, “If you hear voices, you get medication. And the medication makes your mouth all tight and your limbs all stiff and makes your legs jump. I don’t need that! I’m allergic to Haldol.”

She was first hospitalized when she was a teenager and “the police came to my house. I was fighting and screaming.” She said that hospitalizations like this have happened “a lot,” at least 10 times over the years.

Regarding outpatient clinics, she attended treatment in San Francisco and at Bellevue. She has also received treatment from mobile treatment teams in both locations, possibly Assertive Community Treatment (ACT) teams. She said the mobile teams were “nice” and “understood about medicine, that you were scared to take medicine on the street.”

Records indicate that Ms. White was hospitalized involuntarily at Bellevue in 1970, when she was 15 years old. As she reported, the police were called to her house, and she was taken to the emergency room. At the time, she exhibited extreme manic symptoms and had to be secluded in the hospital several times for out-of-control behavior. She remained in the hospital for a month and was released with a diagnosis of manic depression. She was referred for outpatient treatment and medications were Haldol, 10 mg b.i.d. and lithium carbonate, 300 mg t.i.d. She stayed engaged in outpatient treatment for about 6 months and then dropped out.

Her next hospitalization occurred when she was 23 years old. At this time, she was homeless and had just broken up with a boyfriend. She got into a fight on the street and reported that voices told her to attack the woman who was in the park with her. Fortunately, the woman was not seriously hurt. Again, the police took Ms. White to Bellevue and she was hospitalized. This time, she remained there for another month and was released with a diagnosis of bipolar disorder, most recent episode manic, and alcohol abuse. Again, medications were Haldol and lithium carbonate.

The same pattern occurred four more times between 1980 and 1985. During this period of time, she was hospitalized involuntarily at St. Luke's twice and at Bellevue twice (see enclosed records). Each time, she was released on medication and had a diagnosis of bipolar disorder, manic, with psychotic features and alcohol abuse. She was referred to outpatient treatment after discharge but attended only sporadically and lost contact because of her homelessness.

In 1987, she was hospitalized twice at St. Luke's. In September, her second hospitalization (see enclosed records), she was also evaluated neurologically for headaches. She had a CT scan that showed "moderate cerebral atrophy", more pronounced than would be expected for a person of her age. She was prescribed Tylenol with codeine for her headaches and experienced some relief from this. She again remained in the hospital for several weeks and was discharged with a diagnosis of bipolar disorder, manic, with psychotic features; alcohol abuse; cocaine abuse; and severe headaches. Medication at the time of discharge was Haldol, lithium carbonate, and Tylenol with codeine.

In 1989, Ms. White traveled to Colorado and was hospitalized twice at Denver Central Hospital, again involuntarily (see enclosed records). Each time, she remained there for two weeks and was transferred to the Denver Regional State Hospital, remaining there for an additional four weeks. She was released the second time to a transitional women's shelter and was prescribed Haldol and lithium carbonate. Diagnosis was bipolar disorder with psychotic features and polysubstance abuse. She was referred for outpatient treatment and attended regularly for 2 months, leaving town to return to the east coast shortly after that.

After returning to New York City, Ms. White was involved with the Bellevue ACT team and remained relatively stable for about a year. Although she was still homeless, she was able to take medication rather consistently. Despite this treatment, she had a hospitalization during that time, after seriously cutting herself in a state of severe depression. After release she was picked up again by the ACT team and treatment was continued. She continued to struggle but began to develop a relationship with the staff of that treatment team.

Ms. White gradually started missing doses of medication and exhibiting psychotic behavior in 1997. She abruptly left New York City and was missing for about three years. As far as we know, her only treatment was in 2000, when she was once again involuntarily hospitalized, this time at San Francisco General in San Francisco, California. She remained there for 3 weeks, acutely psychotic, and was transferred to the Central California Regional State Hospital, staying there for almost a year (see enclosed records). It was during this hospitalization that a clearer picture of Ms. White's history of trauma and sexual abuse was understood as well as the context for her substance use. Treatment focused on working through the ongoing impact from her traumatic history and on planning ways to be safe and to sleep, without the use of drugs and alcohol. Initially, she attended outpatient treatment and then was referred to a mobile treatment team when her attendance at treatment started dropping. With this team, she received intensive and ongoing treatment. Much outreach was needed to maintain contact with her.

It appears that Ms. White then returned to the New York City area sometime around 2001. Since that time, she has been hospitalized four times, twice at St. Luke's and twice at Bellevue, each time involuntarily. For roughly six months, she was again involved with the ACT team and, with this level of intensive support and monitoring, remained relatively stable.

However, the staffing of this team changed, and Ms. White was not trustful of the new staff and lost contact. Her last hospitalization was about 6 months ago, at St. Luke's (see enclosed records). During this admission, Ms. White had another neurological evaluation that indicated "significant cerebral atrophy." Discharge diagnosis was bipolar disorder, mixed, with psychotic features; polysubstance abuse; and cerebral atrophy. She has no current treatment.

When she has suicidal thoughts, she said, she has tried to hurt herself. When she starts to feel better and knows she'll feel sad again, she cuts her arms, often. When she cuts, she feels "better." Sometimes, she said, she just "ha[s] to let the stuff out...and you don't want to go back there again," feeling so sad. When things start to speed up, she gets in trouble and picks fights. Then the police take her to the hospital.

In the hospital, she said, they give you "stuff that makes you feel funny." She is taking no medication now although the doctor at St. Luke's said she needs to take Depakote and Zyprexa, which makes her somewhat sleepy. She said it's also "supposed to get rid of the thoughts, not the voices, the thoughts." She described what she understands Depakote is supposed to do about her mood changes. With medication in the hospital, she did feel better. However, she said, taking medication on the street is "too hard." She doesn't "like how it makes you feel. It's a lot of work."

FUNCTIONAL INFORMATION

Ms. White's typical day is one in which she "sometimes" sleeps inside the church. She said that she has breakfast there at 6 a.m. and then goes outside. She can return at 6 p.m. and will get a snack then. Lights are out at 11 p.m., and she said it's "scary. You can hear people breathing. And you worry about your stuff." She said that "you can go to a drop-in if you want." Sometimes she goes and sometimes she sleeps outside. She goes to the soup kitchens and sometimes panhandles. "Friends" give her money and bring food. On weekends, the soup kitchens are "different." Sometimes she takes a subway. Sometimes the "street teams" bring you sandwiches. She usually sleeps in a park.

Ms. White exhibits significant functional impairment in her activities of daily living, social functioning, and cognitive abilities to complete tasks. Although Ms. White is clearly intelligent, she is distracted and is quite depressed. She describes many tasks as "hard" and this difficulty is clearly linked to her sadness, depression, and psychotic symptoms that distract her. Her uncontrollable mood swings and inability to manage these unpredictable symptoms also make it difficult for her to take care of what she needs to do. She said that she knows how to make grilled cheese sandwiches, beans, and chicken. (She last had her own place to live 5 years ago.) Sometimes, if she stays inside, people will let her cook, she said.

She can make phone calls but has trouble remembering a number. To find out a number, she said that she would ask somebody and have "people write it down." Then, she said, "people don't answer" anyway.

Regarding shopping, she said that food "costs a lot of money. I don't know...and it's hard." She said she would need "some help," someone to "show me stuff." Regarding household chores, Ms. White said that she can do them but that they are a "lot of work." She said, "Things pile up quickly." She picks up "stuff" on the street that she "needs" and it takes a "lot of work." Having all this stuff is "hard," and she has great difficulty keeping it organized. She'd like a "nice" place to live.

About her personal care, she said it's "scary" to shower at different places. Bathrooms she has to use now aren't locked and she worries about her "stuff...a lot of things are scary and I have a lot to do." She then said she showers every day although it appears this was inconsistent with her feelings about showering. She said "you don't have to get in the shower...sometimes you can use the sink." She washes her clothes about every 1 to 2 months.

Regarding budgeting, Ms. White said it is “very hard.” Those bills are “way too high” and there are a “lot of them” and they “come all at once.” It’s a “lot of money,” she said. She said paying all the bills “is terrible.” She acknowledged that she would likely need help with this.

Although she can use public transportation, she said that she can take the subway but usually takes only “one” because it’s “confusing.” She finds herself getting lost frequently. She said that the bus is “hard” because you have to go “up the stairs, and it’s more crowded. And people are not as nice to you on the bus.” She usually walks places.

Occupational therapy evaluation during her most recent hospitalization found that she obtained a score of 4.1/5.8 on the ACLS, indicating significant impairment in several areas including attention, concentration, organization, hygiene, completing tasks, and problem-solving.

Socially, Ms. White is generally hypervigilant, which exhausts her, and mistrustful. She said that she knows and sees people on the street and they “look out for each other.” She sees them fairly often. She has no contact with her sister. She is more comfortable being alone because she “likes quiet, like when people leave me alone.” When alone, she feels safer. Contact with other people, according to Ms. White, is troublesome. Clearly, from her history, the people in her life have been hurtful rather than supportive. When she becomes very angry, she said she tells people to “leave me alone” or she goes “away from them.” She said, “If you lose your temper, you go into the hospital.”

In a safe place, such as a hospital, she is somewhat more comfortable being with other people. She doesn’t visit anyone. Her focus is on staying out of trouble, not reacting in a way that brings police, and controlling her behavior. Given her history of being hospitalized involuntarily when her behavior becomes manic and out-of-control, she understandably maintains vigilance to keep that from happening again.

Cognitively, Ms. White has a difficult time keeping appointments, keeping track of them, remembering names; she said that she remembers dates from the past. (However, she was not able to provide specific dates of hospitalization.) She finds it difficult to complete tasks because she easily is distracted and loses concentration. Given her level of cerebral atrophy, long history of bipolar disorder, and history of head injury, losing focus is understandable. She also volunteered that “paperwork” is hard and there’s too much of it. She finds directions hard to follow and loses track of the information. She said it’s “hard” and she needs people to “write things down, draw them out. People talk fast and things are complicated.”

Ms. White likes to watch children in the park but makes sure not to get “too close” because, she said, she scares people when she’s too close. She also likes to go see art and go to the library to look at art books.

SUMMARY

Ms. White experienced significant and ongoing trauma as a young child in the form of sexual and physical abuse. Not being able to confide in anyone meant that she carried the dreadful secret of her abuse with her for many years. In an effort to dispel the “worries” she had because of this trauma, she followed the family pattern of drinking and, later, using drugs. Her focus on trying to sleep, managing the bipolar disorder that both she and her mother have, and working to “keep worries away” consume her day. She left school at an early age, with limited education, when it was finally “safe” to be at home. Safety is a common theme for Ms. White. As a teenager, she was diagnosed with a bipolar disorder and has had roughly 15 hospitalizations, with the first one being at age 15 and the last approximately 6 months ago. Her engagement in treatment other than hospitalization has been intermittent. Ms. White’s main focus throughout her life has been keeping herself — and people she loved — safe. This was a burden in her life as a youngster and remains one today. She continues to experience significant

and unpredictable mood swings that impair her thinking and functioning. The voices that she hears, although she calls them simply “conversations,” fluctuate between being harsh and supportive but are relatively constant. Intense depression has led her, on several occasions, to cut herself, sometimes severely. Her homelessness has reinforced her desperately needed isolation and yet has also made her less safe. She seeks isolation because, in her life experience, human contact has been punishing. Although she expresses an interest in working, she has not been able to do so consistently for 20 years. We believe that Ms. White meets SSA’s disability criteria.

If you have any questions, please contact Ms. Perret at 201-222-2222 and Dr. Friends at 201-222-2223.

Sincerely,

Yvonne M. Perret, LCSW-C
Clinician

Sarah Friends, MD
Psychiatrist

GLOSSARY



Allowance—Approval of an application by the DDS. (Module 8)

Akinesia—A lack of physical movements. (Module 6)

Anhedonia—Loss of interest in usual activities that gave one pleasure. (Module 6)

Autistic—Thinking that is preoccupied with a person's inner, private experience and is disconnected from outside experiences and interactions. (Module 6)

Blunt/Flat Affect—Affect has to do with an expression of emotion. Blunt affect means that a person's expression of emotion is much less than what would be expected in a given situation; flat affect refers to a person who exhibits little or no emotional expression. (Module 6)

Catatonic—Refers to abnormal motor activity. Lay people may use this term to refer to someone who does not move, appears rigid, or stays in a strange posture for a period of time. (Module 6)

Claims Representative—Social Security Administration staff person who meets with the applicant and processes the application information. (Module 3)

Consultative Examination—Evaluation performed by a physician or psychologist who contracts with the DDS to do such work. The evaluation is scheduled when existing medical evidence for an applicant collected by the DDS is insufficient to make a disability determination. (Module 8)

Delusion—A false belief. For example, a person may believe he or she has special powers or is a famous person when he or she is not. (Module 6)

Date of Onset—Date an applicant stopped working due to a disability that is used by SSA and the DDS to determine eligibility for SSDI. (Module 4)

Dictionary of Occupational Titles(DOT)—Two-volume manual that contains a listing of hundreds of jobs in the U.S. and descriptions of the skills necessary for each. It is published by the Department of Labor.

Disability Determination Services (DDS)—State agency that contracts with SSA to make disability determinations. The agency exists in each State, under various State departments; whether under the Department of Vocational Services, Vocational Rehabilitation or the Department of Education, however, the function of DDS remains the same and is Federally determined. (Module 1)

Disability Examiner—Disability Determination Services staff person assigned to work on and process the disability determination. (Module 3)

Dyskinesia—Problems with the ability to perform voluntary movements. (Module 6)

Extended Period of Eligibility (EPE)—(SSDI Only) An extension in the period of eligibility to provide a cushion for SSDI beneficiaries in which they can receive SSDI benefits for months in which they do not earn up to the levels indicated for substantial gainful activity. (Module 15)

Federal Benefit Rate (FBR)—The amount on which SSI disability payments are based. This amount may be supplemented through State monies, determined by the individual State. (Module 1)

Gastritis—Inflammation of the stomach. (Module 6)

Hallucination—Sensory perception that is not true. People mainly talk about auditory hallucinations (hearing voices or noises) or visual hallucinations (seeing things that are not there). However, there are a number of other hallucinations that are less common and that have to do with each of the different senses. (Module 6)

Health Insurance—Health insurances available to beneficiaries include Medicaid (SSI) and Medicare (SSDI). (Module 14)

Impairment Related Work Expenses (IRWE)—(SSI & SSDI) a person's out-of-pocket expenditures that are related to his or her disability and that enable the individual to work. (Module 15)

Income Exclusion—(SSI Only) specified amounts of earnings that are not counted in formulas for deductions to SSI benefits when the person begins to work. (Module 15)

Lability—Unstable emotions; usually refers to shifts of mood or expression of emotion. (Module 6)

“Listings”—Abbreviated reference to the Disability Evaluations Under Social Security, or ‘Blue Book,’ a listing of impairments that the DDS uses to determine if a particular diagnosis meets the disability criteria. (Module 5)

Loosening of Associations—Speaking in a way that jumps from one topic to another without any flow to the thoughts. Loosening of associations has to do with thinking where ideas shift from one topic to another in a way that does not relate or flow. (Module 6)

Maladaptive—Poor or inadequate adjustment to life. (Module 6)

Manic—Characterized by an elevated mood that includes such behaviors or symptoms as decreased sleep, raised self-esteem, grandiose ideas, rapidly changing thoughts, and irritability. (Module 6)

Medical Evidence—Treatment information provided in medical records by physicians, clinical psychologists, speech and language pathologists, and laboratory results. (Module 4)

Neuropsychological—In this curriculum, neuropsychological refers to specialized psychological tests that focus on the working of the brain and cognitive functions. (Module 6)

Non-Organic—Not caused by a physical or structural problem. (Module 6)

Pancreatitis—Inflammation of the pancreas, a gland that helps with digestion. Often associated with alcohol use. (Module 6)

Paranoia—Having to do with delusions of persecution or grandeur. (Module 6)

Perceptual—Has to do with the conscious acknowledgement of a sensory stimulus. (Module 6)

Peripheral Neuropathies—Problems with motor functioning in the peripheral nervous system, usually affecting muscle activity such as walking, standing, etc. (Module 6)

Plan to Achieve Self-Support (PASS)—(SSI Only) A plan that enables SSI recipients who work to set aside a portion of monthly income and/or assets to achieve a work goal (for example, to get further education or training). (Module 15)

Poverty of Content of Speech—While a person may speak with the usual number of words, the meaning of the words seems absent or vague, and the speech provides little information. Responses may be ambiguous or stereotypical. (Module 6)

Premorbid—Before the illness. (Module 6)

Pressure of Speech—Speech that is very fast, difficult to interrupt, and has many more words than necessary. (Module 6)

Protective Filing Date—Date generally used when considering the eligibility date for SSI. (Module 3)

Psychogenic—Caused by something emotional or psychological. (Module 6)

Psychomotor Agitation—Excessive activity, either in movements or in thinking, that is usually not productive and is in response to inner tensions. (Module 6)

Psychomotor Retardation—Noticeably slower thought, speech, and movement. (Module 6)

Psychotic—Refers to symptoms of an illness that illustrate a loss of contact with reality. Symptoms may include hallucinations, delusions, and disorganized thinking. (Module 6)

Residual Functional Capacity—The assessment of a person’s ability to do past work despite the existence of an impairment. (Module 5)

Sequential Evaluation—Five-step evaluation process that SSA and DDS use to determine eligibility for SSI and/or SSDI. (Module 5)

Social Security Administration (SSA)—An independent Federal agency that, among other responsibilities, oversees two income support programs for people with disabilities: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). (Module 1)

Social Security Disability Insurance (SSDI)—Federal disability program, administered by the Social Security Administration (SSA), that provides benefits to blind or disabled individuals who are “insured” based on contributions paid into the Social Security trust fund, as authorized by the Federal Insurance Contributions Act (FICA). (Module 1)

Subsidy— **(SSDI Only)** Additional funds provided to SSDI beneficiaries to compensate for the additional supports the worker needs in order to do the same job for the same pay as other workers (usually provided by employers). (Module 15)

Substantial Gainful Activity (SGA)—Amount of monthly gross earnings defined by SSA as significant mental and physical activity completed for pay or profit. The limit of SGA is increased yearly. (Module 1)

Supplemental Security Income (SSI)—Federal disability program, administered by SSA, that provides benefits to low income people who are disabled, blind, or elderly. (Module 1)

Trial Work Period (TWP)—A 9-month period during which recipients of SSDI have gross earnings above a SSA-defined limit but continue to receive benefits. (Module 15)

FOR MORE INFORMATION



Print Resources

- Davis, M. (2000). *How to Get SSI & Social Security Disability: An Insider's Step by Step Guide*. Lincoln, NE: Writers Club Press.
- MacDonald-Wilson, K.L. (2001). *Financial Empowerment for People with Psychiatric Disabilities: What You Need to Know about Social Security Work Initiatives*. Boston, MA: Center for Psychiatric Rehabilitation.
- McKee, P. (2000). *An Advocate's In-Depth Guide to Social Security and SSI Disability Benefits and Procedures*. Seattle, WA: Theiler, Douglas, Drachler & McKee, LLP.
- Morton, D.A. (2003). *Nolo's Guide to Social Security Disability: Getting & Keeping Your Benefits*. Berkeley, CA: NOLO.
- National Law Center on Homelessness and Poverty. (2002). *Advocating on Behalf of SSI Claimants: A Guide to Rights and Resources*. Washington, DC: National Law Center on Homelessness and Poverty.
- O'Connell, J., Quick, P., Zevin, B., Post, P. (2004). *Documenting Disability: Simple Strategies for Medical Providers*. Nashville, TN: National Health Care for the Homeless Council, Inc.
- Rosen, J. and Perret, Yvonne. (2005). *Stepping Stones to Recovery: A Case Manager's Manual for Assisting Adults Who Are Homeless, with Social Security Disability and Supplemental Security Income Applications*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Social Security Administration. (2005). *2005 Red Book: A Summary Guide to Employment Support for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs*. Baltimore, MD: Social Security Administration.

Electronic Resources

- AIDS Info: <http://www.aidsinfo.nih.gov>
- DisabilityInfo.gov: <http://www.disabilityinfo.gov>
- Disability Services: Advocates for People with Disabilities: <http://www.disabilityawards.com/faqs.html>
- GovBenefits.gov: <http://www.govbenefits.gov/index.jsp>
- National Council on Disability: <http://www.ncd.gov>
- SOAR (SSI/SSDI Outreach, Access, and Recovery): <http://www.prainc.com/soar>

Social Security On-Line: <http://www.socialsecurity.gov>

- Service to the Homeless: <http://www.socialsecurity.gov/homelessness>
- Disability Programs: <http://www.socialsecurity.gov/disability>
- Disability Planner: <http://www.socialsecurity.gov/dibplan/index.htm>
- Blue Book Listing: <http://www.socialsecurity.gov/disability/professionals/bluebook>
- SSI Home Page: <http://www.socialsecurity.gov/notices/supplemental-security-income>
- The Work Site: <http://www.socialsecurity.gov/work>
- Plan for Achieving Self-Support: <http://www.socialsecurity.gov/work/ResourcesToolkit/pass.html>
- Social Security Program Rules: <http://www.socialsecurity.gov/regulations/index.htm>
- SSA's Program Operations Manual System: <http://policy.ssa.gov/poms.nsf/aboutpoms>
- Social Security's Hearing and Appeals Process: <http://www.socialsecurity.gov/representation>
- Social Security Benefit Application: <http://www.socialsecurity.gov/applyforbenefits>
- Social Security Electronic Newsletter: <http://www.socialsecurity.gov/enews>

Substance Abuse and Mental Health Services Administration On-Line: <http://www.samhsa.gov>

- Mental Health Services Locator: <http://www.mentalhealth.samhsa.gov/databases>
- Substance Abuse Treatment Facility Locator: <http://www.findtreatment.samhsa.gov/facilitylocator.doc.htm>
- National Clearinghouse for Alcohol and Drug Information: <http://www.health.org>
- National Mental Health Information Center: <http://www.mentalhealth.samhsa.gov>

U.S. Department of Housing and Urban Development On-Line: <http://www.hud.gov>

- Housing Opportunities for Persons with AIDS (HOPWA) Program: <http://www.hud.gov/offices/cpd/aidshousing/programs>
- Homelessness Resource Exchange: <http://www.hudhre.info>

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HOPWA Focus Group

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