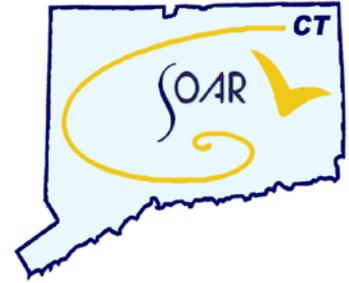


State of Connecticut
SSI/SSDI, Outreach,
Access and Recovery
(SOAR) Initiative



CT SOAR Outcome Reporting Form

SOAR Caseworker Information

First Name	
Last Name	
Agency	
Phone	
Email	
Certified SOAR Worker	<input type="checkbox"/> yes <input type="checkbox"/> no

Applicant Information

First Two Letters of First Name	
First Two Letters of Last Name	
Date of Birth	/ /
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Don't Know <input type="checkbox"/> Other
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Veteran Status (Is/Is Not a Veteran)	<input type="checkbox"/> yes <input type="checkbox"/> no
Homeless Status	<input type="checkbox"/> Is Homeless <input type="checkbox"/> Is Not Homeless

SSI and SSDI Application Information

Was there a pending SSI and/or SSDI application?	<input type="checkbox"/> yes <input type="checkbox"/> no
Protective Filing Date	/ /
Length of time homeless (as of Protective Filing Date)	years or months
Did you file an SSI and SSDI application?	<input type="checkbox"/> yes <input type="checkbox"/> no
Was the application given the "SOAR flag" at the local SSA office?	<input type="checkbox"/> yes <input type="checkbox"/> no
Did you become the 1696 Representative?	<input type="checkbox"/> yes <input type="checkbox"/> no
Date Disability report and application for SSI/SSDI submitted	/ /
Date medical records and/or medical summary report submitted to Disability Determination Services (DDS)	/ /

Determination Information

Date of DDS Determination	/ /
Outcome of DDS Determination	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied
SSI Approved?	<input type="checkbox"/> yes <input type="checkbox"/> no
SSI Benefit Amount Awarded? (monthly)	\$
SSDI Approved?	<input type="checkbox"/> yes <input type="checkbox"/> no
SSDI Benefit Amount Awarded? (monthly)	\$
Amount of Back Pay Awarded (if any)?	\$
Rep. Payee Needed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Rep. Payee Provided?	<input type="checkbox"/> yes <input type="checkbox"/> no
Consultative Exam Required?	<input type="checkbox"/> yes <input type="checkbox"/> no
If SSI/SSDI denied, was appeal filed? If yes, date appeal filed	<input type="checkbox"/> yes <input type="checkbox"/> no / /
Outcome of Appeal	<input type="checkbox"/> awarded <input type="checkbox"/> denied

Benefits/Employment Information

Food Stamps	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, monthly amount?
CT Department of Social Services State Supplement	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, monthly amount?
Temporary Family Assistance (TANF)	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, monthly amount?
Medicaid	<input type="checkbox"/> yes <input type="checkbox"/> no
Date(s) of Employment	/ /
Hours of Employment	
Hourly Wage	
Monthly Wages	
Referral to Employment Services (Check all that apply)	Bureau of Rehabilitation Services <input type="checkbox"/> yes <input type="checkbox"/> no CT Works <input type="checkbox"/> yes <input type="checkbox"/> no DMHAS Employment Provider <input type="checkbox"/> yes <input type="checkbox"/> no Work Incentives Planning & Assistance Project (WIPA) <input type="checkbox"/> yes <input type="checkbox"/> no
Ticket To Work Assignment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency? _____

Permanent Housing Information

Date Housed in Permanent Housing	/ /
Housed with Permanent Supportive Housing Program	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, which program:
Further Comments:	

Revised: September 27, 2012