

Toolkit

SSI/SSDI Outreach, Access, and Recovery for American Indian and Alaska Native Communities

**A TOOLKIT FOR ENGAGING WITH
NATIVE COMMUNITIES**

PUBLICATION INFORMATION

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INTRODUCTION

About SOAR

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

SOAR Training

The SAMHSA SOAR Technical Assistance (TA) Center offers two Online Courses that train case workers to assist individuals in applying for SSI/SSDI (SSA's disability income benefit programs). The courses provide comprehensive information about SSI/SSDI and the disability determination process, including the SOAR Critical Components of completing and submitting applications.

SOAR Leadership

State and Local Leads spearhead and coordinate the implementation of SOAR initiatives. These leaders identify and engage stakeholders to participate in steering committees whose goal is to create and implement a SOAR action plan and process for SSI/SSDI application submission. These committees meet regularly to collaborate, report on progress, and troubleshoot challenges.

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Today in the United States, 574 federally recognized tribes and over 5 million self-identified American Indian or Alaska Native (AI/AN) people live in urban, rural, and reservation-based communities. Yet, they are often unseen or inadvertently overlooked when establishing access to social service programs.

The SAMHSA Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Technical Assistance (TA) Center is committed to eliminating this disparity by providing comprehensive resources, tools, and strategies to support non-Native providers in engaging and maintaining strong relationships with AI/AN communities, organizations, and participants. We recognize that to ensure equitable access to social service programs, non-Native providers must be knowledgeable about the Native communities they serve.

The process includes understanding the role of culture and identity, honoring tribal sovereignty, recognizing community protocols, and embracing culturally responsive, holistic healing methods that support recovery when working with AI/AN communities and clients.

This culturally tailored toolkit was developed to guide SOAR providers in establishing, growing, and sustaining their SOAR initiatives with Native communities. The materials in the toolkit help providers determine which AI/AN communities, government agencies, and nonprofit organizations are in their service areas and offer culturally appropriate methods for contacting providers—such as tribal social workers, case managers, family service and behavioral health providers, AI/AN-serving child welfare representatives, or substance use prevention staff—about getting involved with SOAR.

The toolkit also features several culturally specific resources to enhance the cultural competence of SOAR providers, community organizations, and non-Native partners serving Native communities and clients. We encourage non-Native and Native providers to utilize the materials on the SOAR for AI/AN communities web page in conjunction with the resources and directories in this toolkit for each step of their outreach efforts to provide engaging services relevant and sensitive to the needs of Native children and adults throughout the SSI/SSDI application process.

UNDERSTANDING THE AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES YOU SERVE

Overview

The United States officially recognizes 574 sovereign American Indian and Alaska Native (AI/AN) Nations in the contiguous 48 states and Alaska. These ethnically, linguistically, and culturally diverse Nations are commonly called Tribes, Nations, Bands, Pueblos, Communities, and Native Villages and have a nation-to-nation relationship with the U.S. government.

There are Native communities in cities, suburbs, and rural areas in every state. However, of the 574 federally recognized tribes, 229 Nations are in Alaska and the 345 remaining Nations are located on tribal lands across 35 states. An additional 60 state-recognized tribes in 13 states have a formal relationship and are recognized by their state governments.

Population

Over 5.2 million people (1.7 percent of the U.S. population) identified as (AI/AN) alone or in combination with other races, and 2.9 million people or (0.9 percent) identified as AI/AN alone. The AI/AN population is growing, with a 39 percent increase in people identifying as AI/AN alone or in combination with other races (National Congress of American Indians [NCAI], 2020).

Residence

The U.S. Census reveals that 78 percent of Native people live outside of tribal lands in urban or suburban areas. Approximately 22 percent of American Indians and Alaska

Natives live on reservations or other trust lands. Over 60 percent of Native people living off reservation lands reside in major metropolitan areas (United States Census Bureau, 2012).

Age

Indian Country is young, with 29 percent of Native people under 18 years of age. South Dakota has the highest proportion of Native youth, with 41 percent of the Native population under the age of 18 (NCAI, 2020).

Poverty

The percentage of AI/AN people living in poverty in 2017 was estimated to be 26.8 percent. This compares to 14.6 percent for the nation as a whole (NCAI, 2020).

Income

The median income for AI/AN households is \$40,315, versus \$57,652 for the United States, generally (NCAI, 2020).

Sanitation

Nine and a half percent of homes lack access to safe water supply and/or waste disposal facilities (Indian Health Service, 2021).

Mobility/Mortality

Life expectancy is 5.5 years less than other races (common conditions for Native people include: liver disease, diabetes, injuries, assault, self-harm, and suicide). AI/AN people often have cultural barriers, geographic isolation,

inadequate sanitation, and low income that prevent them from receiving quality health care (NCAI, 2020).

Educational Attainment

In 2019, 84.4 percent of Natives had at least a high school diploma. Among Native people aged 25 and over, 20.8 percent have at least a bachelor's degree and 7.6 percent hold an advanced graduate or professional degree (Office of Minority Health, 2022).

Homelessness

- Native Americans have the second highest rate of homelessness compared to other racial groups.
- One in 200 Native Americans experience homelessness as compared to 1 in 1,000 people in the general U.S. population.
- Over 10 percent of AI/AN people in South Dakota, North Dakota, Alaska, New Mexico, and Minnesota are experiencing homelessness (U.S. Department of Housing and Urban Development, 2017).

Housing Conditions

- Among tribal housing officials, 99.8 percent reported doubling up (i.e., taking in family and friends).
- One third of homes on reservations are overcrowded or severely crowded.
- Forty percent of homes are considered substandard (e.g., lacking public sewer system, water, electrical, phone service) (U.S. Department of Housing and Urban Development, 2017).

CHALLENGES FOR NATIVE YOUTH

Suicide

- Suicide is the second leading cause of death among AI/AN youth ages 15 to 24 years old. Native teens experience the highest rates of suicide of any population in the United States, at least 3.5 times higher than the national average (NCAI, 2020).
- Compared with other racial groups, the rate of suicide among AI/AN males ages 15-24 is up to 4 times higher; for AI/AN females of the same age bracket, the suicide rate is up to 11 times higher (NCAI, 2020).

Safety and Justice

- Violence (e.g., intentional injuries, suicide, and homicide) account for 75 percent of deaths among Native youth (Native American Center for Youth, Aspen Institute, 2021).
- Native youth are arrested at a rate 3 times the rate of national average and make up 79 percent of the Federal Bureau of Prison's youth population (Native American Center for Youth, Aspen Institute, 2021).

Substance Use

- Among AI/AN youth ages 12 and older, 22.9 percent report alcohol use, 18.4 percent report binge drinking, and 16 percent report substance dependence or abuse. In the same group, 35.8 percent report tobacco use and 12.5 percent report illicit drug use (Native American Center for Youth, Aspen Institute, 2021).
- According to SAMHSA, AI/AN teenagers, young people, and middle-aged adults have the highest rates of methamphetamine use and associated trauma in the United States (Native American Center for Youth, Aspen Institute, 2021).

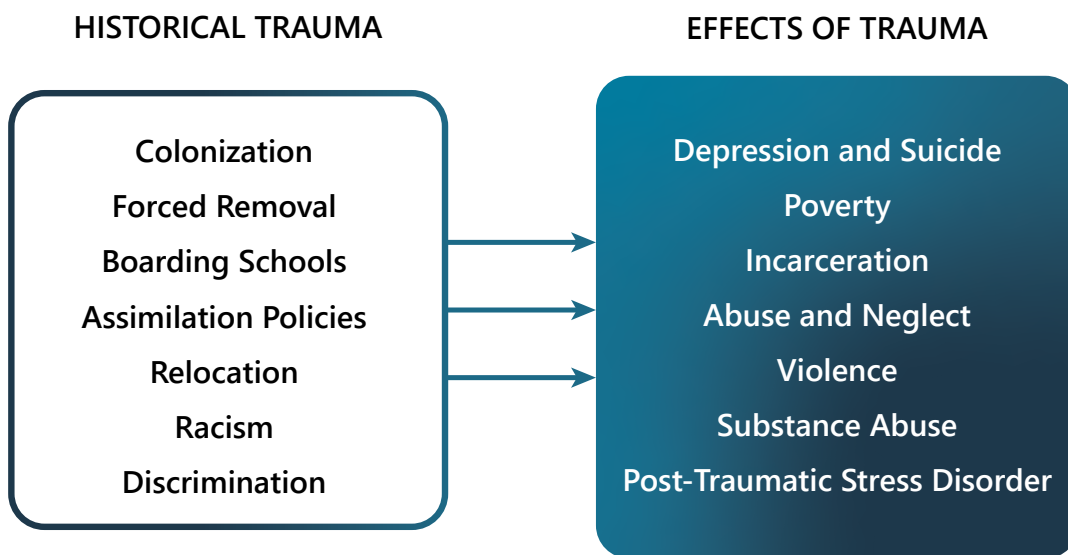
Foster Care

- AI/AN children are overrepresented in foster care at a rate 2.7 times greater than their proportion in the general population (National Indian Child Welfare Association, 2017).
- Representing only 15 percent of the South Dakota's child population, Native American children make up more than 50 percent of those in foster care (National Indian Child Welfare Association, 2017).



The AI/AN population is growing, with a 39 percent increase in people identifying as AI/AN alone or in combination with other races.

FACTORS CONTRIBUTING TO SOCIAL AND ECONOMIC DISPARITIES IN NATIVE COMMUNITIES



WHO SUPPORTS NATIVE COMMUNITIES PHYSICAL AND BEHAVIORAL HEALTH NEEDS?

The federal government has legal, treaty, and trust obligations to provide members of federally recognized tribes with health care, education, law enforcement, and other critical services. A range of laws are in place to uphold the duty of the federal government to provide services to Native people and communities. However, many of these services and programs are underfunded resulting in Native

communities with limited access to health care, education, and justice services.

There are three federal agencies that are dedicated exclusively serving federally recognized tribes and their members: Indian Health Service, Bureau of Indian Affairs, and the Bureau of Indian Education.

Indian Health Service

Located in the U.S. Department of Health and Human Services, Indian Health Services (IHS) provides health care to Native individuals through direct services or tribally operated programs funded by IHS.

Bureau of Indian Affairs

The Bureau of Indian Affairs (BIA), an agency within the U.S. Department of Interior, is responsible for the management of Native lands and services that include economic development, information technology, tribal government, and performance management.

Bureau of Indian Education

Bureau of Indian Education (BIE), housed in the U.S. Department of the Interior directly operates or provides funding to 183 elementary, secondary, and post-secondary schools located on 64 reservations in 23 states, served approximately 46,000 Indian students.

Other Federal Agencies

Other agencies providing services and programming for federally recognized tribes and their members:

- U.S. Department of Health and Human Services
 - Substance Abuse and Mental Health Services Administration
 - Centers for Disease Control and Prevention
 - Health Resources and Services Administration
 - Centers for Medicare & Medicaid Services
 - Administration for Community Living
 - National Institutes of Health
- U. S. Department of Justice
 - Office of Juvenile Justice and Delinquency Prevention
 - Office of Tribal Justice
- Social Security Administration
 - [Tribal Benefits Coordinator Guide](#)
- U.S. Department of Veterans Affairs
 - Office of Tribal Government Relations
- U.S. Department of Housing and Urban Development
 - Office of Native American Programs



The federal government has legal, treaty, and trust obligations to provide members of federally recognized tribes with health care, education, law enforcement, and other critical services.

HOW ARE HEALTH CARE SERVICES PROVIDED TO NATIVE COMMUNITIES?

Behavioral Health Care Service Systems

- Facilities operated directly by IHS
- Facilities operated by tribes through contracts and compacts with IHS
- Programs managed by urban Indian health programs called Urban Indian Organizations (UIO) to provide services for eligible American Indians and Alaska Natives (member of Federally recognized tribe) in urban areas

Federal Support Programs

Grant programs and initiatives are provided to tribes or nonprofit organizations to address suicide prevention, substance abuse, youth violence prevention, mental health services, childhood trauma, traditional healing practices, and more.

Availability of Services

- Varies by location, most IHS facilities on reservations or in rural areas
- Access to care is limited for urban populations (through UIOs and referrals)
- Distance, transportation barriers, and childcare limit access to adequate services

STRENGTHENING THE CAPACITY TO SERVE NATIVE COMMUNITIES

Federal-Level Engagement

Key contacts available at the federal level.

- [Federally Recognized Tribes](#)
- [Indian Health Service Facilities](#)
- [Urban Indian Organizations](#)
- [Bureau of Indian Education Schools](#)

Tribal-Level Engagement

Types of organizations and stakeholders with which to engage at the Tribal level.

- Tribal Council or Elected Government
- Tribal Hospitals and Clinics
- Social Services
- Child and Family Services
- Behavioral Health

- Disability Services
- Substance Abuse Prevention and Treatment
- Indian Child Welfare (ICWA)
- Law Enforcement
- Tribal Housing Authorities

CULTURALLY APPROPRIATE ENGAGEMENT AND COLLABORATION WITH NATIVE COMMUNITIES

- **Understand that each Native community is unique.**
 - Be aware of cultural, linguistic, and spiritual diversity, cultural customs, and perspectives.
- **Identify and engage tribal liaisons to establish relationship with the community and leadership.**
 - Create a receptive environment with offering for their time (e.g., food, coffee, small gifts of appreciation).
- **Learn about elected, traditional, and spiritual leadership and other decision makers.**
 - Learn how to address them appropriately and understand protocols for communication in each community.
- **Show cultural humility.**
 - Approach communities with positive intent and be open to other ways of thinking and behaving.
- **Listen and observe.**
 - Pay attention and observe tribal members, who are experts on their own communities.
- **Be patient.**
 - Rapport and trust may not come easily. Do not take it personally if you experience initial suspicion or frustration.
- **Use a Tribal perspective.**
 - Avoid using a Western, non-Native perspective.
- **Incorporate culturally based practices.**
 - Research and utilize culturally, community-based practices along with evidence-based practices.
- **Reinforce cultural strengths.**
 - Learn community protective factors and incorporate community traditions into programming.
- **Honor confidentiality.**
 - Respect the right of the tribe to control information, data, and public information about services.
- **Be flexible.**
 - Adapt to the community's pace, changing needs and traditions.

- **Understand communication methods.**
 - Understand language, geographical and technological barriers, and appropriate methods of communication.
- **Use culturally specific messaging.**
 - Develop a culturally appropriate approach and intervention. Ask tribal leaders and liaisons to shape the message and activities of your program based on their knowledge of community.
- **Seek permission.**
 - Get approval from the Native community before proceeding with activities.
- **Be respectful.**
 - Respect and honor the tribes' choices, culture, and values.

Engaging Native Individuals and Clients

- **Have patience.**
 - Be patient and allow each person time to share their personal story, cultural identity, and beliefs/practices.
- **Understand cultural diversity.**
 - Do not make assumptions about a tribe's or an individual's cultural connections, traditional knowledge, or language.
- **Recognize cultural worldviews.**
 - Do not assume each participant utilizes a linear or individualistic thought. For example, many Native people are community oriented and honor kinship differently. Family can include ancestors, extended family, clan, etc.

BEST PRACTICES FOR DELIVERING YOUR MESSAGES TO NATIVE COMMUNITIES AND CLIENTS

- **Understand the community's technological access to determine appropriate communications channels.**
 - Many communities lack reliable internet service and may use cell phone and mobile devices more frequently. Take into consideration that many communities may have limited digital access in their tribal offices, libraries, health centers, and schools.
- **Consider all forms of communication when engaging your audience.**
 - Communication styles and technologies vary from community to community. Some useful ways of reaching your intended audience include the following:
 - Word of mouth
 - Print materials
 - Tribal radio
 - Social media
 - Mobile-friendly website and apps
 - Text messages
 - Television

BEST PRACTICES FOR ENGAGING YOUR AUDIENCE

- Seek help from Native youth and the community to shape your messages and materials.
- Use trusted members of the community to deliver your messages.
- Incorporate tribal-specific photographs of people and locations, cultural designs, and artwork that will resonate with the community.
- Include words, phrases and messages in the Native community's language or dialect.
- Always get approval from leadership to distribute your messages and materials.

Issue Brief

SOAR Enhances Income Stability in American Indian and Alaska Native Communities

ABOUT

Disclaimer

The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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About SOAR

This issue brief was produced by the SAMHSA SOAR Technical Assistance (TA) Center under contract to the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA SOAR TA Center develops and provides training and technical assistance to support children and adults who are experiencing or at risk of homelessness to apply for SSA disability benefits. For more information about SOAR or to find other briefs in this series, visit SOARWorks.

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Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) model helps increase access to Social Security Administration (SSA) disability benefits for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder. Use of the SOAR model's critical components can increase approval rates on SSI/SSDI applications, resulting in a significant step toward housing stability, resiliency, and recovery. The SOAR model's culturally-sensitive engagement process and holistic approach to SSI/SSDI application assistance can be a critical support for American Indian and Alaska Native (AI/AN) community members whether residing on or off reservations.

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FRAMING THE ISSUE

People with disabilities who are experiencing or at risk of homelessness (including those returning to the community from institutions such as hospitals, jails, or prisons), often struggle to access the resources they need. Approximately one-quarter of people experiencing homelessness have been diagnosed with a physical, mental, or intellectual disability.¹ Many experience mental illnesses and co-occurring substance use, trauma, and medical issues that impact their ability to work. The path to stability and resiliency can be extraordinarily challenging when a person is struggling to meet basic needs. Having income and healthcare benefits is often a critical first step on the road to recovery.

In addition to these common barriers, Native individuals face additional challenges in accessing SSI/SSDI benefits that include lack of awareness of services and transportation, language, and low literacy barriers. Additionally, the remote rural location of many Native communities and lack of access to technology such as broadband internet and cellular service adds to the difficulties for providers to conduct ongoing outreach and applicants to receive assistance and support.

"Homelessness in Native communities is a hidden, but critical, problem."² Homelessness or circumstances that lead to a person becoming at risk of homelessness affect nearly

Fast Facts

1 in 1,000

people in the United States are Native American

1 in 200

Native individuals experience homelessness

1 in 3

Native individuals live in poverty

all tribal communities. Native individuals and people who identify as two or more races make up a disproportionate share of the people experiencing homelessness.³ The



Homelessness in Native Communities is a hidden, but critical, problem.

Urban Institute notes that about 1 in 200 people who identify as Native is experiencing homelessness, however in terms of overall population, Native individuals represent only 1 in every 1,000 individuals.⁴

Additionally, about 1 in 3 Native individuals live in poverty, with a median income of less than \$25,000 per year. Unemployment among Native individuals exceeds 40 percent on some reservations, and two-thirds of the 27 counties with a majority Native population have significantly higher unemployment rates than the national average.⁵ These numbers highlight

the stark inequalities faced by the nation's Indigenous people.⁶

While there are many factors that contribute to homelessness, access to income is key to obtaining stable affordable housing. When individuals experiencing homelessness have disabling health conditions that impact their ability to work, they may be eligible for Social Security Administration (SSA) disability benefits (i.e., SSI/SSDI). This income, coupled with long term supportive housing subsidies can lead to better long-term housing outcomes, and an overall improvement in public health.⁷

UNDERSTANDING SSI/SSDI

SSA offers two federally funded disability benefit programs that are available to eligible members of American Indian (AI)/Alaska Native (AN) communities. While the programs are similar, there are many important differences.

Supplemental Security Income (SSI) is a needs-based program for individuals who have low income and are disabled, blind, or elderly.⁸ The Federal Benefit Rate (FBR) (e.g., monthly benefit) is set by Congress annually. The eligibility determination process begins with assessing an applicant's financial situation including income, living arrangement, and financial resources.

Social Security Disability Insurance (SSDI) is an entitlement program based on a person's insured status through Federal Insurance Contributions Act (FICA) contributions; a beneficiary's monthly payment will be calculated based on their earnings history.

To qualify for either program an applicant must meet SSA's definition of disability.

SSA's Definition of Disability

1. The applicant must have a medically determinable physical or mental health condition.
 - The condition(s) must be documented with clear evidence from an acceptable medical source defined by SSA.⁹
2. Substance use will often co-occur with physical or mental health conditions. Since an applicant cannot be approved based solely on a substance use disorder diagnosis, the SOAR model trains case workers to gather and provide evidence that the applicant's use is not material to their disability, (i.e., symptoms of the applicant's physical or mental health condition(s) would persist if the applicant were not using substances).



SSA disability benefits, coupled with long-term supportive housing subsidies can lead to better long-term housing outcomes, and an overall improvement in public health.

3. The condition(s) must have lasted or be expected to last for a continuous period of at least 12 months or be expected to result in death.
4. The condition(s) must prevent the applicant from engaging in substantial gainful activity (SGA).
 - SGA is an amount of monthly earnings from work that is determined yearly by Congress and SSA.
 - SSA and the Disability Determination Services (DDS) are seeking to answer the question, "Can the applicant work at an SGA level?"

SSDI/SSDI for AI/AN People

When evaluating eligibility for SSI, SSA considers an applicant's earned (i.e., income from work) and unearned (e.g., state disability payments, unemployment benefits) income. For Native individuals, there are special considerations for SSI/SSDI payments.

These considerations may include income received through the Bureau of Indian Affairs' Indian Money Accounts, income received from the *Cobell vs. Salazar* settlement, cash allotments provided by Tribes, or annual cash distributions from Alaska Native Villages or other village corporations.¹⁰

Table 1. Comparison of SSI and SSDI

SSI	SSDI
<p>Benefits:</p> <ul style="list-style-type: none"> • Low income • Disabled, blind, or elderly individuals • Congress annually sets monthly benefit amount <ul style="list-style-type: none"> → Some states provide additional financial support 	<p>Benefits:</p> <ul style="list-style-type: none"> • Insured • Disabled or blind individuals and some eligible family members
<p>Based on Need:</p> <ul style="list-style-type: none"> • Need is a complete picture of income, living arrangement, and personal resources 	<p>Based on Earnings:</p> <ul style="list-style-type: none"> • Employees and employers pay into Social Security • Amount based on FICA contributions
<p>Required Documentation:</p> <ul style="list-style-type: none"> • Income • Living arrangement • Personal resources and assets (limits on) 	<p>Required Documentation:</p> <ul style="list-style-type: none"> • Recent wage information (e.g., W-2, paycheck stubs) • Work and earnings history

For example, Individual Indian Monies (IIM) paid on Indian lands are not counted as income unless the beneficiary receives more than \$2,000 per year. Annual cash allotments and tribal distributions from villages may affect an individual's eligibility or benefit rate. Overall, it is important to report all income to SSA to find out if and how income will be counted.¹¹

ACCESSING SSA SERVICES IN AI/AN COMMUNITIES

SSA supports Native communities through retirement, disability, and survivor's benefits. SSA works in collaboration with Tribal governments to establish Tribal liaisons and benefit coordinators that reach out and work directly with Native communities. They also provide training to Tribal Social Service Offices on the disability benefits application process, and work to establish Video Service Delivery (VSD) Centers to allow for greater accessibility in rural and reservation communities. The SOAR initiative also assists by establishing liaisons within SSA field offices and ensuring that these contacts are familiar with the SOAR process through frequent communication and training. These connections help to ensure timely review of SOAR-assisted SSI/SSDI applications.

Possible SSA Income Exemptions

Exempt Income

- Distributions from Alaska Native Claims Settlement Act (ANCSA) Corporations and Settlement Trusts
- Individual Indian Monies (less than \$2,000/year)¹⁴
- Commercial, industrial, recreational, mineral, or agricultural leases, grazing and range permits
 - Timber sales and permits
 - Rights-of-way uses
 - Land sales
- Court judgment or settlement awards for Tribes and individuals (e.g., *Cobell vs. Salazar*)
- Student financial assistance provided by the Bureau of Indian Affairs and/or Tribe
- Income that falls with the IRS General Welfare Doctrine
- Any income that is non-taxable according to federal law or IRS guidance
- COVID-19 Disaster Related Assistance¹⁵

Non-Exempt Income

- Tribal gaming per capita payments



SSA supports Native communities through retirement, disability, and survivor's benefits.



“Our Native applicants need **an understanding of their life circumstances**, which may involve childhood trauma, whether that be physical, sexual, or psychological that’s carried into adulthood and disables them from developing confidence and essentially taking care of themselves or others in a healthy way. Many of our people grew up poor and uneducated, which creates a mindset amongst us that we believe and accept our circumstances as in unchangeable with no hope of improvement. A best practice for working with Native applicants is to **use an approach of patience and persistence** to help change this mindset and provide a path to recovery.”

—**Margaret King**, Disability Benefits Specialist, Great Lakes Intertribal Council, Oneida Tribe of Indians of Wisconsin

USING SOAR TO INCREASE ACCESS TO SSI/SSDI

Access to Social Security disability benefits is just one step on the road to recovery and building resiliency. When combined with other support and resources it can lead to long term stability by increasing access to affordable or supported housing, more robust health care and treatment options, and additional employment opportunities.

People experiencing or at risk of homelessness who are eligible for SSI/SSDI may also be eligible for other mainstream benefit programs such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), housing assistance programs, and Medicaid.

While it can be daunting to apply for multiple benefit programs, the information gathered

during the Social Security disability benefit application process is often similar to that required for other programs. SOAR-trained case workers who are assisting individuals to applying for SSI/SSDI may also be able to help access other benefits and secure additional supports.

Access to Social Security disability benefits is key to connecting beneficiaries to much needed health insurance coverage, or more robust health care and treatment options. In some states, access to Medicaid coverage is contingent upon approval for SSI; this is particularly important for individuals who reside in states that have not expanded coverage through the Affordable Care Act.

Medicaid coverage can provide support for medical and long-term care needs.

Additionally, SSDI beneficiaries are eligible for Medicare after a 2-year waiting period from their date of eligibility; this coverage may provide additional treatment options. For Native beneficiaries, Medicare and/or Medicaid can supplement treatment received through Indian Health Services and may provide for additional access and choice.

Community collaboration is key. While timely access to Social Security disability benefits is important, so too, is additional support and a warm hand off to treatment, housing supports, or case management services during and after the benefits acquisition process. The SOAR initiative works to break down silos and promote wraparound services to best suit the needs of each SSI/SSDI applicant.

Successful SOAR initiatives establish a steering committee which encourages collaboration with providers throughout the community,

promotes a workable plan for implementing SOAR, and ensures that agencies work together to achieve the best outcomes for applicants.

Additionally, engaging with Native communities to implement a new initiative may take time and it is important to identify Native allies. Developing these connections may include reaching out to Native community members or technical assistance providers who can facilitate an introduction to key Native stakeholders or tribal elders. It is crucial to be open minded and learn about the Native community with which you are engaging (especially its social service systems and structure), identify potential opportunities for partnership, and share how the SOAR initiative can be an asset to their community. Overall, it is important that the initiative is community driven.

ENGAGING NATIVE COMMUNITIES IN THE SSI/SSDI APPLICATION PROCESS

Engagement is a key part of the SOAR process. One of the main goals of a complete SOAR application is to “tell the applicant’s story,” and to clearly illustrate how their diagnoses affect their ability to function and work. The SAMHSA SOAR Technical Assistance (TA) Center estimates that each SOAR-assisted application takes, on average, 20 hours to complete over the course of 60 days. A large portion of this

time is spent engaging with the applicant, getting to know them, and establishing trust.

There are 574 federally recognized Tribes in the United States; each are sovereign nations with their own history, cultures, and services.¹² Just as each Tribe is unique, so is each SOAR application—the type and amount of engagement will vary depending on the applicant. Throughout the engagement and application process, SOAR-trained case



It is helpful to validate the experience of intergenerational trauma, and always acknowledge the impact of colonization; honor community and the importance of the applicant's Native identity.

—**Penny Wertenberger**, SOAR-trained case worker, IHS-funded Urban Indian Clinic, Missoula, Montana

workers will ask the applicant to provide personal information about their life. A person who is experiencing or at risk of homelessness and who is living with a mental illness may be distrustful of others. It is also important to understand that many Native individuals continue to experience the effects of intergenerational, historical, and cultural trauma from harmful experiences and policies often perpetuated by the federal government. These experiences may lead to a distrust of government officials and programs, such as Social Security disability benefits, and a hesitance to engage in the application process.

Case workers should strive to create a comfortable environment in which the applicant feels safe and respected in addition to offering choice, flexibility, and control over the process. Being trustworthy and delivering on what is promised is critical, as is understanding that it may take time to build a connection.

For case workers from non-Native cultural backgrounds, it is imperative to learn about the local tribal history, relevant federal law, SSA considerations for American Indians and Alaska Natives, and cultural considerations prior to engaging with Native individuals and communities.

Penny Wertenberger, a SOAR-trained case worker at an IHS funded Urban Indian Clinic in Missoula, Montana shared, "it is truly important to take your time to get to know the applicant. Let them know you want them to succeed and listen to their story. It is helpful to validate the experience of intergenerational trauma, and always acknowledge the impact of colonization; honor community and the importance of the applicant's Native identity." She also shared that as an Urban Indian Clinic, the organization prides itself on advocating for their applicants and works to reduce stigma. "This is a safe space and our environment adheres to and respects Native cultures," she stated.

BUILDING RESILIENCE: ENCOURAGING RETURN TO WORK

When SSI/SSDI benefits begin, that does not mean that employment goals end. While illness and disabilities may interfere with a beneficiary's

ability to maintain employment, that may not be permanent. Recovery and return to work are possible! People who are applying for or

receiving SSI/SSDI should be encouraged to seek employment and access employment services throughout the application process and after benefits are obtained.

Recovery is a personal journey of healing and working toward one's goals. It should be self-directed, individualized, empowering, and supported. Native individuals' recovery may be rooted in spirituality, traditions, and a deep recognition of cultural norms. While employment may be a goal, building resiliency and returning to work may not be solely about income. Work can help define a person's role within their community, create feelings of self-worth and confidence, foster connections to others, add structure to a person's day, and create purpose through a framework of goals and expectations. Work may also be non-traditional, and SOAR case workers are encouraged to engage with Native employers and employment programs located within Native communities to support and encourage beneficiaries to return to work.

When assisting beneficiaries in their efforts to return to work, SOAR-trained case workers should work closely with SSA and SSA Work Incentive Coordinators to access the many work incentives that SSA provides. One such work incentive is the Ticket to Work program. Ticket to Work is an employment support program for people who receive Social Security disability benefits and are interested in returning to or increasing their work. Beneficiaries can obtain supported employment services from Employment Networks (EN) or State Vocational Rehabilitation (VR) agencies that have been authorized by SSA. In Native communities, employment networks could be federally funded Tribal programs, such as a Tribal workforce agency, a Tribal vocational

Work Incentives

Federal Programs

- **Ticket to Work:** A free and voluntary SSA program that helps people who receive disability benefits return to work or work for the first time
- **Employment Networks:** An entity that enters into an agreement with SSA to either provide or coordinate the delivery of services to Social Security disability beneficiaries.
- **State Vocational Rehabilitation Agencies:** Agencies that provide a range of services to assist individuals with disabilities to prepare for and engage in gainful employment.

Employment Networks in Native Communities

- Tribal workforce agencies
- Tribal vocational rehabilitation services projects
- Tribal-owned businesses

rehabilitation services project, or a Tribal-owned business.¹³

Additionally, return to work in Native communities may take on different forms, and may look different from what many may view as jobs in a traditional workforce. Kim Vigue, founder and managing partner at Wolf River Consulting, Inc., shared that "this may include values-based programming that allows options to participate in cultural activities and education

as part of workforce and educational training.” Many Native communities recognize a cultural and spiritual connection as a means for personal and professional workforce development; a

person who is knowledgeable in these practices may be sought to assist with behavioral health and rehabilitation planning and services.

RESOURCES

- [SOAR for American Indians and Alaska Native Communities](#)
- [SSI/SSDI Eligibility for American Indians and Alaska Natives](#)
- [Getting Involved with SOAR in Tribal Communities](#)
- [Implementing State and Local SOAR Initiatives in American Indian and Alaska Native Communities](#)
- [Identifying American Indian and Alaska Native SOAR Applicants](#)
- [Medical Summary Report \(MSR\) Interview Guide and Template and American Indian and Alaska Native Communities](#)
- [Sample SOAR Referral Tool for American Indian and Alaska Native Communities](#)

WORKING WITH THE SAMHSA SOAR TA CENTER TO ENHANCE SOAR IMPLEMENTATION

SOAR implementation occurs at the local, regional, and statewide levels. Locally, case workers become trained in the SOAR model via the SOAR Online Course. Regional and statewide initiatives are led by SOAR State and Local Leads who work to build an infrastructure to support SOAR success, including building relationships with stakeholders to support SOAR, offering ongoing trainings and support, providing quality review of SSI/SSDI applications, and assisting with the outcomes collection process.

In addition to the implementation occurring on the local level, the SAMHSA SOAR TA Center also plays an integral role in SOAR success by offering the following services:



Assists with **strategic planning meetings** to bring together key tribal, state, and local stakeholders, (e.g., Tribal social services; Tribal family services; Urban Indian Organizations; Indian Health Services clinics; SSA and Disability Determination Services (DDS); State Mental Health Agency and Department of Corrections leadership; community homelessness, health, behavioral health providers; and youth, family, and adult peer representatives), to **collaborate and agree upon a SOAR process** for the submission and processing of adult SSI/SSDI and child SSI applications and develop an action plan to implement SOAR within their community.



Hosts **SOAR Leadership Academies** designed to train SOAR Local Leaders to support SOAR-trained case workers and coordinate Tribal SOAR programs. The Leads work in conjunction with the **SOAR Online Course: Adult and Child Curricula**. These free, web-based courses include the development of a practice case using a fictional applicant and trains case to complete SSI/SSDI applications using the SOAR model.



Provides **individualized technical assistance** to SOAR-trained case workers, supports **community wide action plan implementation**, helps to identify opportunities for **funding SOAR dedicated positions**, assists with the development of quality review procedures, promotes the use of the SOAR Online Application Tracking (OAT) program to track outcomes, and works to identify areas for SOAR improvement and expansion.



Provides ongoing support throughout the SOAR implementation process to SOAR-trained case workers and Local Leads through **individualized application assistance**.

The SAMHSA SOAR TA Center is available to support SOAR growth in Native Communities and organizations while acknowledging that building an initiative from the ground-up may take time.

Catie LaMay, Social Security Advocacy Tribal Coordinator and SOAR Local Lead in Minnesota, says that growing a SOAR initiative in Native Communities requires “having patience,” adding, “being a resource for SOAR-trained case workers and the community as a whole is key to success.”

ENDNOTES

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Fact Sheet Series

SOAR Tools and Resources for Native Communities



SOAR WORKS

SSI/SSDI Outreach, Access, and Recovery for American Indian and Alaska Native Communities

APPLYING FOR DISABILITY BENEFITS

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that also provide Medicaid and/or Medicare health insurance to eligible children and adults. The application process for SSI/SSDI is complicated and difficult to navigate. Nationally, about 30 percent of adults who apply for these benefits are approved on initial application, and appeals take an average of over 1.5 years to complete.

For American Indians and Alaska Natives who are experiencing or at risk of homelessness or who are returning to the community from institutions (jails, prisons, or hospitals), access to these programs can be extremely challenging. The approval rate on initial application for people who are experiencing or at risk of homelessness and who have no one to assist them is about 10-15 percent. For those who have a serious mental illness, substance use issues, or co-occurring disorders that impair cognition, the application process is even more difficult – yet accessing these benefits is often a critical first step in building resiliency and supporting recovery.

HOW SOAR CAN MAKE A DIFFERENCE IN TRIBAL COMMUNITIES

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the SSI/SSDI Outreach, Access, and Recovery (SOAR) model to address this critical need. Community service providers that are SOAR-trained submit complete and quality applications that are approved quickly. By maximizing income supports through benefits access and employment support, individuals experiencing or at risk of homelessness can achieve housing stability. The SAMHSA SOAR TA Center provides a three-step approach to SOAR implementation in American Indian and Alaska Native communities:



STRATEGIC PLANNING

Strategic planning meetings bring key tribal, state, and local stakeholders (e.g., tribal social services, tribal family services, Urban Indian Organizations, Indian Health Services clinics, SSA and Disability Determination Services (DDS); State Mental Health Agency and Department of Corrections leadership; and community homeless, health, behavioral health providers, youth, family, and adult peer representatives) together to collaborate and agree upon a SOAR process for the submission and processing of adult SSI/SSDI and child SSI applications and develop an action plan to implement their SOAR program.



TRAINING LEADERS

Train community service providers and case managers through the **SOAR Online Course: Adult and Child Curricula**. These free, web-based courses include the development of a practice case using a fictional applicant. A **Leadership Academy** program creates strong tribal leaders to support SOAR-trained case managers and coordinate tribal SOAR programs.



TECHNICAL ASSISTANCE

Individualized technical assistance for supporting **action plan implementation**, identifying funding opportunities for **sustainability**, developing **quality review** procedures, and assisting with **tracking outcomes** to document success and identify areas for improvement and expansion.

THE IMPACT



Since 2006, over **59,153** initial SOAR SSI/SSDI applications have been approved.



The 2019 approval rate on initial SOAR applications averages **60 percent** in **155 days**.



In 2021 alone, SSI/SSDI brought at least **\$564 million** into the economies of the participating localities.

SAMHSA
Substance Abuse and Mental Health
Services Administration



Getting Involved with SOAR in Tribal Communities:

You want to be a SOAR provider? That's great! Here's what to expect.

SOAR promotes recovery and wellness through increased access to Social Security disability benefits for eligible American Indian and Alaska Native (AI/AN) individuals who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. SOAR providers assist individuals with complete and quality applications. This is not an easy task, but we believe it is well worth the effort!

Training

The SOAR Online Course trains providers to assist individuals with the Social Security disability application process. The course includes an Adult Curriculum for assisting with Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) claims for adults and a Child Curriculum for assisting with SSI claims for children (under the age of 18).

- The SOAR Online Course: Adult and Child Curricula are free and are located on the SOARWorks website (<https://soarworks.samhsa.gov/content/soar-online-course-catalog>).
- Each curriculum consists of seven classes, each of which has a series of articles, short quizzes, and a practice case component. The practice case provides an opportunity for trainees to apply what they have learned in the course by completing a sample application packet for a fictitious applicant using SOAR techniques.
- It takes approximately 20 hours to complete each curriculum and participants can work at their own pace, starting and stopping as they wish. However, we encourage students to complete the curriculum within 30 days to retain the information learned.
- Upon successful completion, participants will receive 20 continuing education units from the National Association of Social Workers.

Many SOAR Local Leads offer 1-day SOAR Online Course Review Sessions to review key components of the curriculum, discuss tribal, state and local practices, and connect new providers to local Social Security Administration (SSA) and Disability Determination Services (DDS) offices.

Time Commitment

We estimate that each SOAR application will take approximately 20-40 hours to complete, from initial engagement to receiving a decision on a claim. This generally occurs over the course of 60-90 days.

- The time spent on each application will vary depending on the amount of engagement that is needed as well as other variables such as the experience level of the SOAR worker. For example, engagement with an applicant who is residing in an institution may take 20 hours, while it may take longer to connect with someone who is living outside or difficult to contact.

SOAR Critical Components

SOAR providers with higher approval rates credit their success to implementing the SOAR critical components¹ and submitting high-quality applications. Use of these components significantly

¹ <https://soarworks.samhsa.gov/article/soar-model-critical-components>



increases the likelihood of an approval on initial application for those who are eligible.² The five SOAR critical components of application assistance are:

- Serve as the applicant's appointed representative using the SSA-1696: *Appointment of Representative* form.
- Complete all required SSA application forms online, when available.
- Collect medical records, assessments, case management notes, and collateral information.
- Write a comprehensive Medical Summary Report that includes psychosocial, treatment, and functional information and is co-signed, when possible, by an acceptable medical source.
- Perform quality review of application prior to submission.

Follow-Up

The work of a SOAR provider does not end after submitting an application. SOAR providers are expected to:

- Communicate regularly with SSA and DDS regarding the status of applicants' claims.
- Continue ongoing outreach to stay connected throughout the determination process.
- Help individuals obtain other needed services (e.g., housing, employment, health care).

Outcome Tracking

Tracking SOAR outcomes is a critical way to document successes and target technical assistance needs.

- Use the SOAR Online Application Tracking (OAT) system³ or your state's preferred method to track applications submitted, critical components used, approvals/denials, and time to decision (i.e., from application submission to receipt of SSA's decision).
- Tracking outcomes is an essential piece of funding and sustainability efforts.

Local Involvement

Many SOAR communities have local steering committees and/or SOAR practitioner meetings. Getting involved locally and within your tribal community can be a great way to connect with others who are doing similar work. You can also seek support, obtain refresher training, and assist with growing and expanding your community's SOAR initiative.

- Find your state and local SOAR leads at: <https://soarworks.samhsa.gov/directory>

Benefit to Your Organization and the Individuals You Serve

Access to SSI/SSDI can be a major tool in recovery, both from mental illness and homelessness. With the income support and health insurance that SSI/SSDI provides, individuals are able to meet their basic needs, maintain housing, and pay their bills. As a result, they are more likely to keep appointments and engage in treatment. If your agency is Medicaid (or Medicare) reimbursable, you can recoup the cost of uncompensated care and receive payment for future services.

Without the support of a SOAR provider, it can take as long as 1-3 years to obtain approval for SSI/SSDI, during which time people are often lost to the process and require a great deal of community support simply to survive. With the SOAR approach, providers are achieving a national approval rate of 65 percent in an average of 100 days. The rewards are great for all involved!

² Based on data from January 15, 2005, to February 14, 2014, obtained from the SOAR Online Application Tracking (OAT) system. Data includes 4,200 application outcomes from 35 states.

³ <https://soartrack.samhsa.gov/login.php>



Implementing State and Local SOAR Initiatives in American Indian and Alaska Native Communities

State, Local, and Tribal Leads spearhead and coordinate the implementation of SOAR initiatives. These leaders identify and engage stakeholders to participate in steering committees whose goal is to create and implement a SOAR action plan to support adult and child applications for Social Security disability benefits. These committees meet regularly to collaborate, report on progress, and troubleshoot challenges.

Introduce SOAR to Your Community

- Identify and engage state, local, and tribal agencies and stakeholders to participate in your community's SOAR initiative. Educate and inform them about the purpose and benefits of SOAR for individuals in your community with disabilities.
- Offer SOAR Orientation presentations for tribal and organizational leadership and direct service providers.
- Attend existing community meetings and share information about the importance and impact of SOAR.

Train and Support Staff That Assist Adult SSI/SSDI and/or Child SSI Applicants

- Identify programs and organizations within your community that are currently assisting adults, children, and families experiencing or at risk of homelessness with Social Security disability applications. Explore reallocation of existing resources to incorporate fully or partially dedicated SOAR benefits specialists.
- Identify staff to complete the SOAR Online Course: Adult and/or Child Curriculum. Provide guidance throughout and following the training. Inform trainees of any state/local/tribal-specific processes.
- Establish quality review procedures to assess fidelity to the SOAR model and ensure that applications are complete and high quality. Get feedback from SSA/DDS on SOAR-assisted applications they are receiving.

Collaborate, Coordinate, and Communicate

- *Social Security Administration (SSA) and Disability Determination Services (DDS):* Negotiate a SOAR Process for American Indian and Alaska Native (AI/AN) adult SSI/SSDI and child SSI application submission. Identify SSA/DDS SOAR liaisons in local and tribal offices.
- *Medical Providers:* Identify medical providers who can provide physical/psychiatric evaluations and co-sign Medical Summary Reports. Explore using retroactive Medicaid to reimburse for medical evaluations. Set up a process to obtain medical records, free of charge if possible.
- *Other Collaborations:* Think broadly! Include tribal administrators, school leadership, vocational service providers, Tribal Indian Child Welfare departments, tribal family services, tribal economic support, housing agencies, jails/prisons, Veteran services, and representative payee services.

Track and Report Outcomes

- Identify tracking mechanism to be used—e.g., SOAR Online Application Tracking System.
- Establish procedures for the reporting of outcomes by communities and SOAR-trained staff.
- Report outcomes to the SAMHSA SOAR TA Center as requested.

Fund and Sustain

- Use your outcomes to expand or sustain your SOAR initiative.
- Educate stakeholders, influential tribal leaders, tribal social service leadership, tribal grant offices, and potential funders about the impact SOAR has in your tribal community. Share success stories; report on cost savings (reimbursement/recoupment totals).
- Explore various funding sources. Consider use of federal funds (e.g., PATH, CABHI, Systems of Care); pool and/or realign existing resources; explore AI/AN organizations and community foundations, United Way, corporations, and hospital collaborations; and investigate criminal or juvenile justice funding to implement SOAR in jails, prisons, or detention facilities.



SSI/SSDI Eligibility FAQs for American Indians and Alaska Natives

Q: Are American Indians and Alaska Natives eligible for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits?

Yes! American Indians and Alaska Natives (AI/AN) may be eligible for SSI and/or SSDI benefits if they meet the non-medical and medical eligibility requirements. Status as AI/AN does not preclude someone from receiving Social Security Administration (SSA) disability benefits. You can find more information about SSA's AI/AN services at <https://www.ssa.gov/people/aian/>.

Q: Are American Indian and Alaska Native children (under the age of 18) eligible for SSI?

Yes, AI/AN children experiencing disabling health conditions such as developmental disabilities, serious mental illness, trauma, and/or medical issues may qualify for SSI if they meet SSA's medical and non-medical eligibility criteria. Access to income and health insurance can help improve the entire family's stability by helping the family meet its basic needs, gain access to treatment, and build resiliency during the recovery process. You can find more information about SSI for Children at <https://www.ssa.gov/ssi/text-child-ussi.htm>.

Q: How can American Indians and Alaska Natives who are living on reservations or native lands or within urban areas access SSA services?

There are several ways to contact the Social Security Administration (SSA):

- By phone (toll-free): 1-800-772-1214
- Online: <https://www.ssa.gov/>
- Use the online locator to find a Social Security office near you¹
- Video Service Delivery (VSD) Centers have been set up in some communities. At a VSD Center, an applicant can use the video phone to see and talk to an SSA employee²

Q: What is SSA doing to collaborate with tribal governments?

SSA established a formal consultation process with tribal governments in 2001. The Deputy Commissioner of Operations serves as the Tribal Consultation Official and liaison with federally recognized tribal governments. SSA annually reviews its regulatory agenda and legislative submissions to determine if any proposals have tribal implications. The 2020 Tribal Consultation Progress Report, which describes all of SSA's ongoing communication, education and outreach activities, can be found on their website.³

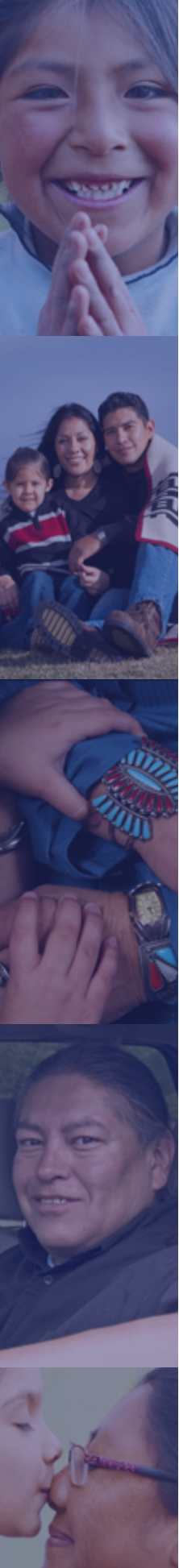
Q: If an American Indian or Alaska Native individual is receiving SSI and also receives an annual cash allotment from his or her tribe, does it need to be reported to SSA?

Yes. Because SSI is needs-based, SSA considers an applicant's earned and unearned income. If an SSI beneficiary receives an annual cash allotment from his or her tribe, it should be reported

¹ SSA Field Office Locator: <https://secure.ssa.gov/ICON/main.jsp>

² SSA Video Service Delivery Locations, by Region: https://www.ssa.gov/open/maps/AIAN_details.html

³ Tribal Consultation and Coordination Plan: <https://www.ssa.gov/people/aian/materials/pdfs/tribal-con-plan.pdf>



to SSA to avoid overpayment or underpayment. Certain payments made to members of AI/AN tribes/communities are not counted as income for SSI eligibility purposes. For example, SSA will not count income received from the Cobell Court Case as a resource for one year after the payment is received. Also, Individual Indian Monies (IIM) paid on Indian lands are not counted unless the beneficiary receives more than \$2,000 per year. However, other types of payments (e.g., gaming per capita) may be counted. It is important to contact SSA to find out if and how the particular allotment will be counted.

Q: If a tribal member is receiving General Assistance (GA) from the Bureau of Indian Affairs (BIA), will that affect their eligibility for SSI?

BIA GA is a federally funded program administered through a local agency or federally recognized tribe that provides needs-based cash assistance. This income is counted on a dollar-for-dollar basis when calculating the SSI benefit amount.

Q: How does SSA handle land and resources that an American Indian or Alaska Native applicant may have?

SSA does not count as a resource the interests of the applicant or spouse in trust or restricted land. SSA will also not count certain restricted, allotted Indian land or money held in a restricted Individual Indian Money (IIM) account.

Q: How do Medicare and Medicaid work with medical services under Indian Health Service (IHS)?

Medicare and Medicaid can be used at IHS clinics, Urban Indian Health Programs or reservation hospitals for medical services that IHS doesn't cover. American Indian and Alaskan Native beneficiaries can also go to other clinics or hospitals that accept Medicare/Medicaid.

- Center for Medicare and Medicaid Services, American Indian and Alaska Natives: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/>
- The Role of CMS in Indian Health Care (video): <https://www.youtube.com/watch?v=I2EnR88gIZM>
- Medicaid & CHIP for American Indian and Alaska Natives: <https://www.healthcare.gov/american-indians-alaska-natives/medicaid-chip/>



SOAR WORKS

Identifying American Indian and Alaska Native SOAR Applicants

This tool is intended to help caseworkers identify American Indian and Alaska Native (AI/AN) adults or children who are experiencing or at risk of homelessness who may be eligible for Social Security Administration (SSA) disability benefits. While we do not want to discourage anyone from applying for SSA benefits, this tool should help you identify AI/AN individuals that most need your assistance with their application.

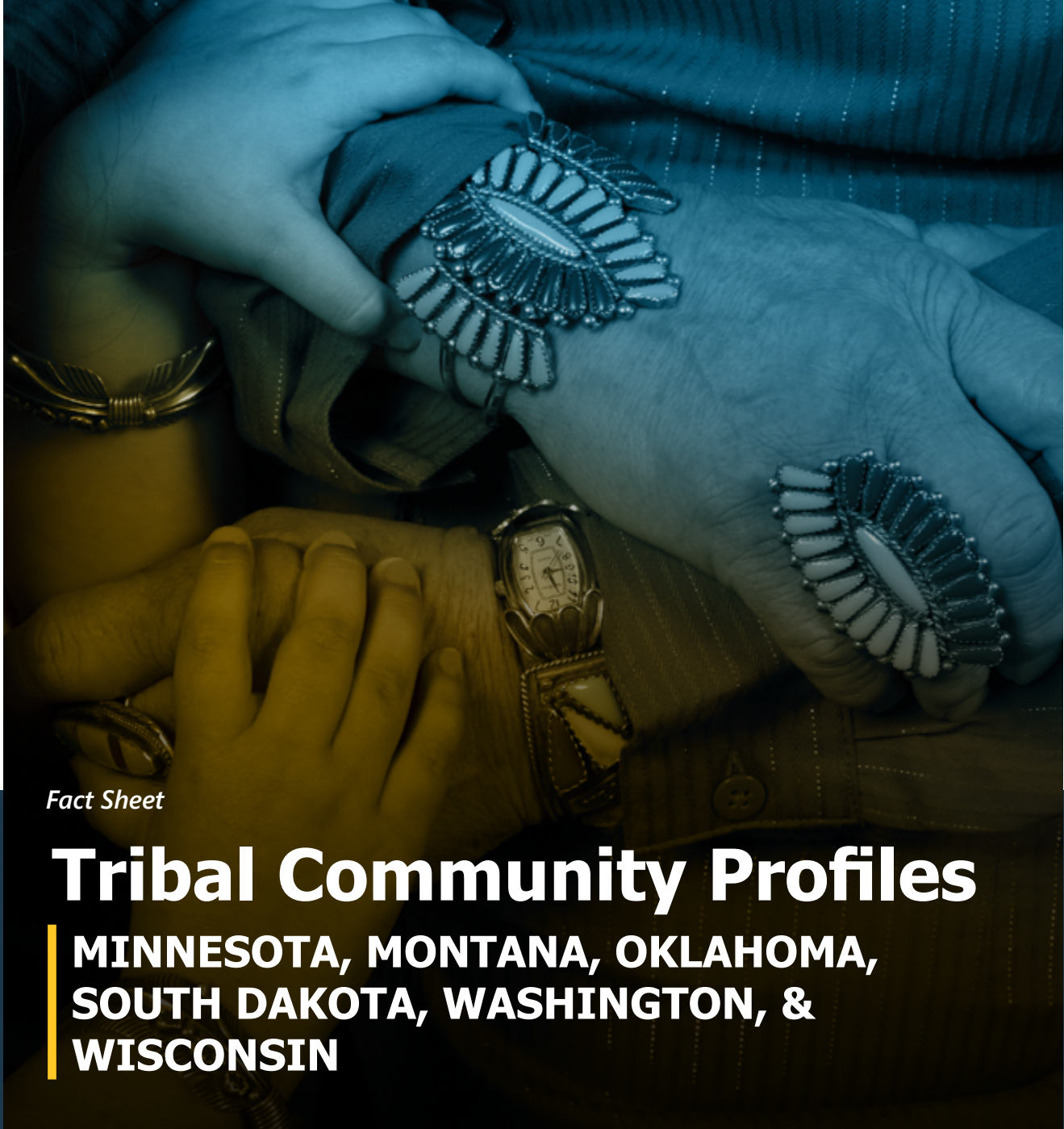
SSA defines adults as persons 18 years of age or older as well as individuals who are within 1 month (180 days for youth who are aging out of the foster care system) of their 18th birthday. Individuals age 65 or over with low income and resources may be eligible for SSI based on age or be eligible for retirement benefits based on their work history (individuals aged 62-67, depending on year of birth, may be eligible for early retirement benefits).

Key Eligibility Criteria: *The following four characteristics represent key eligibility criteria for SSA disability benefits:*

- Applicant has a serious mental illness or exhibits symptoms and/or has serious physical illnesses that affect their ability to work at a substantial gainful level (\$1,310/month in 2021)
- The illness(es) or condition(s) have lasted or are expected to last for at least 12 months (or result in death)
- Individual is currently exhibiting symptoms of mental illness or has periods with worsening of symptoms that prevents sustainable employment. For example:
 - Psychotic Symptoms (hallucinations, delusions, disorganized thinking/speech/behavior, etc.)
 - Depressive Symptoms (decreased energy, lack of motivation, suicide attempts, etc.)
 - Manic Symptoms (racing thoughts, disorganized thoughts, etc.)
 - Anxious feelings (paranoia, nervousness, etc.)
 - Cognitive deficits (brain injury, problems with concentration, memory, etc.)
 - History of trauma (history of abuse, posttraumatic stress disorder, etc.)
 - Other: _____
- For applicants with mental illness, they have marked restrictions in at least two of these functional areas, or extreme limitations in one area:
 - Understand, remember, or apply information (memory, following instructions, solving problems, etc.)
 - Interact with others (getting along with others, anger, avoidance, etc.)
 - Concentrate, persist, or maintain pace (as they relate to the ability to complete tasks)
 - Adapt or manage oneself (hygiene, responding to change, setting realistic goals, etc.)

SOAR Recommends: *The following characteristics are not essential, but may strengthen an application:*

- Applicant is prescribed psychiatric medications and continues to experience symptoms and functional impairments
- Applicant has obtainable medical assessments (for at least part of the past 12 months) that corroborates mental illness and/or physical health diagnoses. Limited medical evidence or large gaps in treatment is normal and acceptable for successful applications. Assess whether the:
 - Applicant clearly exhibits symptoms severe enough that a one-time examination by an acceptable medical source (i.e., physician, psychiatrist, psychologist, etc.) would provide clear medical evidence
 - Representative can write a Medical Summary Report that details symptoms and functional impairments that demonstrate diagnosed disability
- Applicant is not working due to medical and/or psychiatric conditions (i.e., not because they cannot find work or were laid off)
 - History of failed work attempts (started and stopped employment due to diagnosed conditions)
 - Long work history, but can no longer work up to SGA (\$1,310/month in 2021) due to conditions
 - Scattered work history due to conditions and other factors



Fact Sheet

Tribal Community Profiles

**MINNESOTA, MONTANA, OKLAHOMA,
SOUTH DAKOTA, WASHINGTON, &
WISCONSIN**

SAMHSA

Substance Abuse and Mental Health
Services Administration

NATIVE AMERICAN COMMUNITIES IN MINNESOTA

Minnesota is the ancestral home of the Sioux and Ojibwa, and it currently has seven Ojibwa reservations and four Sioux communities.

The total Native American population across the state is 57,414, roughly 1% of the population. Minnesota has a large and tribally diverse urban Native population, numbering well over 35,000 in the eleven-county Minneapolis-St. Paul metro areas. The Native population in Minneapolis is 17 times more likely to be homeless than white residents, and the former's estimated poverty rate is four times higher than that of whites.



Federally Recognized Tribes

Lower Sioux Indian Community in the State of Minnesota

- *Reservation:* Redwood County
- *Traditional language:* Dakota
- *Enrolled members living on reservation:* 982
- *Leadership:* Robert Larsen
- *Address:* 39527 Reservation Highway 1 Morton, MN 56270
- *Phone:* (507) 697-6185
- *Website:* lowersioux.com

Bois Forte Band of Chippewa Indians

- *Reservation:* Nett Lake
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 638
- *Leadership:* Cathy Cavers
- *Address:* 5344 Lakeshore Drive Nett Lake, MN 55772
- *Phone:* (218) 757-3261
- *Website:* boisforte.com

Fond du Lac Band of Lake Superior Ojibwe

- *Reservation:* Carlton, Saint Louis, and Douglas counties
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 3,728
- *Leadership:* Kevin Dupuis
- *Address:* 1720 Big Lake Road Cloquet, MN 55720
- *Phone:* (218) 879-4593
- *Website:* fdlrez.com

Gichi-Onigaming / Grand Portage Band of Lake Superior Chippewa

- *Reservation:* Cook County
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 1,127
- *Leadership:* Robert "Bobby" Deschampe
- *Address:* 83 Steven Road, Grand Portage, MN 55605
- *Phone:* (218) 475-2277
- *Website:* grandportageband.com

Lac du Flambeau Band of Lake Superior Chippewa Indians

- *Reservation:* Villas and Iron Counties
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 1,761
- *Enrolled members living off reservation:* 3,415
- *Leadership:* John Johnson, Sr.
- *Address:* 418 Little Pines Road Lac du Flambeau, WI 54538
- *Phone:* (715) 588-4206
- *Website:* ldftribe.com

Mille Lacs Band of Ojibwe

- *Reservation:* Mille Lacs, Pine, Aitkin, Crow Wing counties, as well as other land holdings in Kanabec, Morrison, and Otter Tail Counties
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 4,800
- *Leadership:* Melanie Benjamin
- *Address:* 43408 Oodena Drive, Onamia, MN 56359
- *Phone:* (320) 532-4181
- *Website:* millelacsband.com

Prairie Island Indian Community in the State of Minnesota

- *Reservation:* Mdewakanton Sioux Indian reservation, Goodhue County
- *Traditional language:* Dakota
- *Enrolled members living on reservation:* 470
- *Leadership:* Johnny Johnson
- *Address:* 5636 Sturgeon Lake Road, Welch, MN 55089
- *Phone:* (651) 385-2554
- *Website:* prairieisland.org

Red Lake Band of Chippewa Indians

- *Reservation:* Clearwater and Beltrami Counties
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 5,873
- *Leadership:* Darrell Seki
- *Address:* Hwy 1 East, 24200 Council Street, Red Lake, MN 56671
- *Phone:* (218) 679-3341
- *Website:* redlakenation.org

Shakopee Mdewakanton Sioux (Dakota) Community

- *Reservation:* Shakopee-Mdewakanton Reservation, Scott County
- *Traditional language:* Dakota
- *Enrolled members living within area:* 658
- *Leadership:* Keith Anderson
- *Address:* 2330 Sioux Trail, NW, Prior Lake, MN 55372-9077
- *Phone:* (952) 445-8900
- *Website:* shakopeedakota.org

Upper Sioux Community

- *Reservation:* Yellow Medicine County
- *Traditional language:* Dakota
- *Enrolled members living on reservation:* 482
- *Leadership:* Kevin Jensvold
- *Address:* 5722 Travers Lane, Granite Falls, MN 56241
- *Phone:* (320) 564-6372
- *Website:* uppersiouxcommunity-nsn.gov

White Earth Nation

- *Reservation:* Mahnommen, Becker, and Clearwater
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 4,145
- *Leadership:* Michael Fairbanks

- *Address:* 5500 Eagle View Road, White Earth, MN 56591
- *Phone:* (218) 983-3285
- *Website:* whiteearth.com

Indian Health Services Bemidji Area

- *Website:* ihs.gov/bemidji

Minnesota's 11 federally recognized tribes are served by the Indian Health Service Bemidji Area Office (BAO). The BAO provides service and support to 34 federally recognized Tribes and 4 Urban Indian Health programs located in Illinois, Indiana, Michigan, Minnesota, and Wisconsin. Tribal Health services are provided to urban Indian Health programs located in Chicago, Illinois; Detroit, Michigan; Milwaukee, Wisconsin; and Minneapolis, Minnesota.

Tribes in the Bemidji area include Ojibwe (Chippewa), Ho-Chunk, Menominee, Mohican, Oneida, Odawa, Potawatomi, and Sioux.

The BAO operates three federal/direct service programs on behalf of the Leech Lake Band of Ojibwe, Red Lake Band of Chippewa Indians, and the White Earth Band of Chippewa Indians of Minnesota.

Cass Lake Hospital

- *Address:* 425 7th St. NW, Cass Lake, MN 56633
- *Phone:* (218) 335-3200

Red Lake Hospital

- *Address:* Hwy. 1, Red Lake, MN 56671
- *Phone:* (218) 679-3912

White Earth Health Center

- *Address:* 40520 County Highway 34, Ogema, MN 56569-9612
- *Phone:* (218) 983-4300

Urban Indian Health Organizations

Indian Health Board of Minneapolis

- *Address:* 1315 E 24th St, Minneapolis, MN 55404
- *Phone:* (612) 721-9800
- *Website:* indianhealthboard.com

Juel Fairbanks Recovery Services

- *Address:* 806 Albert St N, St Paul, MN 55104
- *Phone:* (651) 644-6204
- *Website:* juelfairbanks.org

Federal and State Resources and Services

- Bureau of Indian Affairs Tribal Leaders Directory:
bia.gov/bia/ois/tribal-leaders-directory
- Bureau of Indian Affairs Midwest Agency:
bia.gov/regional-offices/midwest
- Minnesota Indian Affairs Council:
mn.gov/indianaffairs/index.html
- Great Lakes Inter Tribal Council:
witribes.wi.gov

NATIVE AMERICAN COMMUNITIES IN MONTANA

Montana is home to 7 Indian reservations and the state-recognized Little Shell Tribe of Chippewa Indians.



Federally Recognized Tribes

Blackfeet Tribe of the Blackfeet Reservation

- *Reservation:* The Blackfeet Reservation is in northwestern Montana along the eastern slopes of the Rocky Mountains. It is bordered on the north by Canada and on the west by Glacier National Park. The Blackfeet Reservation, headquartered in Browning, is the third largest reservation in Montana encompassing approximately 1.5 million acres.
- *Traditional language:* Siksiká
- *Enrolled members:* 17,321
- *Leadership:* Timothy Davis, Chairman
- *Address:* PO Box 850 | All Chiefs Square, Browning, MT 59417
- *Phone:* (406) 338-7521
- *Fax:* (406) 338-7530
- *Website:* blackfeetnation.com

Chippewa Cree Tribe of the Rocky Boy's Reservation

- *Reservation:* Rocky Boy's Reservation is near the Canadian border in north-central Montana.
- *Traditional language:* Chippewa and Cree
- *Enrolled members:* 6,177
- *Leadership:* Harlan Gopher, Chairman
- *Address:* PO Box 544, Box Elder, MT 59521
- *Phone:* (406) 395-5705
- *Fax:* (406) 395-570

Confederated Salish & Kootenai Tribes of the Flathead Reservation

- *Reservation:* North of Interstate 90 between Missoula and Kalispell, fertile valleys and towering mountain peaks of northwestern Montana surround the Flathead Reservation. The reservation comprises over 1.2 million acres.
- *Traditional language:* Salish
- *Enrolled members:* 7,753
- *Leadership:* Tom McDonald, Chairman
- *Address:* PO Box 278 | 42487 Complex Blvd, Pablo, MT 59855
- *Phone:* (406) 675-2700
- *Fax:* (406) 675-2806
- *Website:* cskt.org

Crow Tribe of the Crow Reservation

- *Reservation:* The Crow Reservation is in south-central Montana, bordered by

Wyoming on the south, with its northwestern boundary about 10 miles from Billings.

- *Traditional language:* Crow
- *Enrolled members:* 10,000
- *Leadership:* Frank White Clay, Chairman
- *Address:* P.O. Box 159 | Bacheeitché Avenue, Crow Agency, MT 59022
- *Phone:* (406) 638-3708
- *Fax:* (406) 638-3773
- *Website:* crow-nsn.gov

Fort Belknap Tribes of the Fort Belknap Reservation

- *Reservation:* The Fort Belknap Reservation is home to two tribes, the Assiniboine, or Nakoda, and the Gros Ventre, who refer to themselves as A'aninin or "People of the White Clay." Combined enrollment is approximately 4,000. The combined reservation and additional tribal lands encompass 650,000 acres of the plains and grasslands of northcentral Montana.
- *Traditional language:* Gros Ventre, Nakotan Siouan
- *Enrolled members:* 6,693
- *Leadership:* Andrew Werk, Jr, President
- *Address:* 656 Agency Main St, Harlem, MT 59526
- *Phone:* (406) 353-2205
- *Fax:* (406) 353-4541
- *Website:* ftbelknap.org

Fort Peck Tribes of the Fort Peck Reservation

- *Reservation:* Assiniboine and Sioux live on the Fort Peck Reservation. The Fort Peck Reservation is in northeastern Montana, 40 miles west of the North Dakota border and 50 miles south of the Canadian border, with the Missouri River defining its southern

perimeter. It includes more than two million acres of land.

- *Traditional language:* Nakoda, or Assiniboine and Dakota, or Sioux
- *Enrolled members:* 11,786
- *Leadership:* Floyd Azure, Chairman
- *Address:* PO Box 1027 | 501 Medicine Bear Rd, Poplar, MT 59255
- *Phone:* (406) 768-2300
- *Fax:* (406) 768-5478
- *Website:* fortpecktribes.org

Northern Cheyenne Tribe of the Northern Cheyenne Reservation

- *Reservation:* The Northern Cheyenne Indian Reservation is located in present-day southeastern Montana and is approximately 444,000 acres in size with 99 percent tribal ownership. It is bounded on the east by the Tongue River and on the west by the Crow Reservation.
- *Traditional language:* Cheyenne
- *Enrolled members:* 11,266
- *Leadership:* Geri Small, President
- *Address:* PO Box 128 | 600 Cheyenne Ave, Lame Deer, MT 59043
- *Phone:* (406) 477-6284
- *Fax:* (406) 477-6210
- *Website:* cheyennenation.com

Indian Health Services Billings Area

Blackfeet Service Unit

Blackfeet Community Hospital

- *Address:* P.O. Box 760, Browning, MT 59417
- *Phone:* (406) 338-6100
- *Fax:* (406) 338-2959

Heart Butte Health Station

- *Address:* P.O. Box 80, Heart Butte, MT 59448
- *Phone:* (406) 338-2151
- *Fax:* (406) 338-5613

Crow Service Unit

Crow/Northern Cheyenne Hospital

- *Address:* P.O. Box 9, Crow Agency, MT 59022
- *Phone:* (406) 638-3500
- *Fax:* (406) 638-3569 (Admin)
- *Fax:* (406) 638-3382 (Medical Records)

Lodge Grass Health Clinic

- *Address:* P.O. Box AD, Lodge Grass, MT 59050
- *Main:* (406) 639-2317
- *Fax:* (406) 639-2976

Pryor Health Station

- *Address:* P.O. Box 9, Pryor, MT 59066
- *Main:* (406) 259-8238
- *Fax:* (406) 259-8290

Flathead Tribal Health

- *Address:* P.O. Box 880, St. Ignatius, MT 59865
- *Phone:* (406) 745-3525

Fort Belknap Service Unit

Fort Belknap Hospital

- *Address:* 669 Agency Main St, Harlem, MT 59526
- *Phone:* (406) 353-3100
- *Fax:* (406) 353-3227

Eagle Child Health Station

- *Address:* P.O. Box 610, Hays, MT 59527
- *Phone:* (406) 673-3777
- *Fax:* (406) 673-3835

Fort Peck Service Unit

Chief Redstone Clinic

- *Address:* 550 6th Avenue North, P.O. Box 729, Wolf Point, MT 59201

Verne E. Gibbs Clinic

- *Address:* 107 H. Street, P.O. Box 67, Poplar, MT 59255

Urban Indian Health Organization

Helena Indian Alliance-Leo Pocha Clinic

- *Leadership:* Todd J. Wilson, Executive Director
- *Address:* 501 Euclid Ave, Helena, MT 59601
- *Phone:* 406-442-9244

Indian Family Health Clinic

- *Leadership:* Wesley Old Coyote, Interim Executive Director
- *Address:* 1220 Central Avenue #1B, Great Falls, MT 59401
- *Phone:* 406-268-1510

Native American Development Corporation

- *Leadership:* Leonard Smith, Executive Director
- *Address:* 17 N. 26th St., Billings, MT 59101
- *Phone:* 406-259-3804

All Nations Health (Formerly Missoula Urban Indian Health Center, Inc.)

- *Leadership:* D'Shane Barnett, Executive Director
- *Address:* 830 West Central, Missoula, MT 59801
- *Phone:* 406-829-9515

North American Indian Alliance

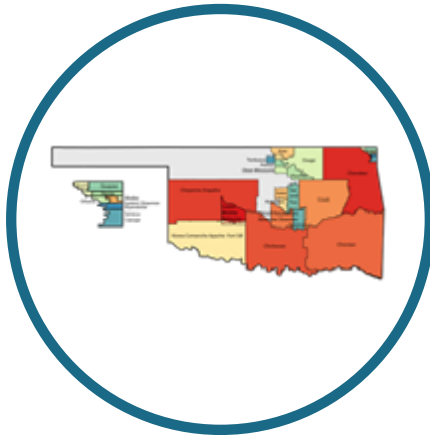
- *Leadership:* Shannon Parker, Executive Director
- *Address:* 55 East Galena, Butte, MT 59701
- *Phone:* 406-782-0461

Federal and State Resources and Services

- Bureau of Indian Affairs Tribal Leaders Directory: bia.gov/bia/ois/tribal-leaders-directory
- Bureau of Indian Affairs Housing Improvement Program: bia.gov/bia/ois/dhs/housing-improvement-program
- Bureau of Indian Education Homeless Support Programs: bie.edu/topic-page/title-xc-mckinney-vento-homeless-education-act
- Tribal Housing and Urban Development-Veterans Affairs Supportive Housing: hud.gov/program_offices/public_indian_housing/ih/tribalhudvash
- Office Of Native American Programs (ONAP) (HUD): hud.gov/program_offices/public_indian_housing/ih
- Tribal Relations Handbook: tribalnations.mt.gov/_docs/Tribal-Relations-Handbook.pdf
- Urban Indian Clinics/Centers: ihs.gov/urban/urban-indian-organizations

NATIVE AMERICAN COMMUNITIES IN OKLAHOMA

Oklahoma is home to the fourth largest Native American population in the United States. Over 316,929 tribal members make up 8% of the state's



total population. Many Native Americans in Oklahoma are descendants of tribes forced to move from the east in the early 1800s, including the Five Civilized Tribes (the Cherokee, Choctaw, Chickasaw, Creek, and Seminole). In July 2020, the U.S. Supreme Court ruled that more than 3 million acres, about half of Oklahoma, is Native American reservation land, including Tulsa, its second-largest city.

Federally Recognized Tribes

Absentee-Shawnee Tribe of Indians of Oklahoma

- *Traditional language:* Shawnee
- *Enrolled members:* 3,050
- *Leadership:* John Johnson
- *Address:* 2025 South Gordon Cooper Drive, Shawnee, OK 74801
- *Phone:* (405) 275-4030
- *Website:* astribe.com

Alabama-Quassarte Tribal Town

- *Traditional language:* Muscogee, Alabama, and Koasati
- *Enrolled members:* 369
- *Leadership:* Wilson Yargee
- *Address:* 101 East Broadway, Wetumka, OK, 74883
- *Phone:* (405) 452-3987
- *Website:* alabama-quassarte.org

Apache Tribe of Oklahoma

- *Traditional language:* Apache
- *Enrolled members:* 2,263
- *Leadership:* Bobby Komardley
- *Address:* 511 E Colorado Dr Anadarko, OK 73005
- *Phone:* (405) 247-9493

Caddo Nation of Oklahoma

- *Traditional language:* Caddo
- *Enrolled members:* 6,000
- *Leadership:* Bobby Gonzalez
- *Address:* P.O. Box 487, Binger, OK, 73009
- *Phone:* (405) 656-2344
- *Website:* mycaddonation.com

Cherokee Nation

- *Traditional language:* Cherokee
- *Enrolled members:* 390,000
- *Leadership:* Chuck Hoskin
- *Address:* 17675 South Muskogee Avenue, Tahlequah, OK, 74464
- *Phone:* (800) 256-0671
- *Website:* cherokee.org

Cheyenne and Arapaho

- *Traditional language:* Cheyenne and Arapaho
- *Enrolled members:* 12,185
- *Leadership:* Reggie Wassana
- *Address:* PO Box 38 Concho, OK 73022
- *Phone:* (405) 262-0345
- *Website:* cheyenneandarapaho-nsn.gov

Chickasaw Nation

- *Traditional language:* Chickasaw
- *Enrolled members:* 49,000
- *Leadership:* Bill Anoatubby
- *Address:* PO Box 1548, Ada, OK 74821
- *Phone:* (580) 436-2603
- *Website:* chickasaw.net

Choctaw Nation

- *Traditional language:* Choctaw
- *Enrolled members:* 200,000
- *Leadership:* Gary Batton
- *Address:* PO Box 1210, Durant, OK 74702
- *Phone:* (580) 924-8280
- *Website:* choctawnation.com

Citizen Potawatomi Nation

- *Traditional language:* Potawatomi
- *Enrolled members:* 37,000
- *Leadership:* John A. "Rocky" Barrett
- *Address:* 1601 South Gordon Cooper Drive, Shawnee, OK 74801
- *Phone:* (405) 275-3121
- *Website:* www.potawatomi.org

Comanche Nation of Oklahoma

- *Traditional language:* Comanche
- *Enrolled members:* 17,000
- *Leadership:* Mark Woommavovah
- *Address:* PO Box 908, Lawton, OK 73502
- *Phone:* (580) 492-4988
- *Website:* comanchenation.com

Delaware Nation

- *Traditional language:* Munsee, Delaware
- *Enrolled members:* 1,440
- *Leadership:* President Kerry Holton
- *Address:* PO Box 825, Anadarko, OK 73005
- *Phone:* (405) 247-2448
- *Website:* delawarenation-nsn.gov

Delaware Tribe of Indians

- *Traditional language:* Munsee, Delaware
- *Enrolled members:* 10,500
- *Leadership:* Brad Killscrow
- *Address:* 5100 Tuxedo Blvd, Bartlesville, OK 74006
- *Phone:* (918) 337-6593
- *Website:* delawaretribe.org

Eastern Shawnee Tribe of Oklahoma

- *Traditional language:* Shawnee
- *Enrolled members:* 2,801
- *Leadership:* Glenna J. Wallace
- *Address:* 12755 South 705 Road, Wyandotte, OK 74370
- *Phone:* (918) 666-2435
- *Website:* estoo-nsn.gov

Fort Sill Apache Tribe

- *Traditional language:* Apache
- *Leadership:* Lori Gooday Ware
- *Address:* Route 2, Box 121, Apache, OK 73006
- *Phone:* (580) 588-2298
- *Website:* fortsillapache-nsn.gov

Iowa Tribe of Oklahoma

- *Traditional language:* Chiwere dialect/ Sioux language
- *Enrolled members:* 800
- *Leadership:* Edgar Kent, Jr.

- *Address:* RR 1, Box 721, Perkins, OK 74059
- *Phone:* (405) 547-2402
- *Website:* bahkhoje.com

Kaw Nation

- *Traditional language:* Kaw
- *Enrolled members:* 3,126
- *Leadership:* Lynn Williams
- *Address:* PO Box 50, Kaw City, OK 74641
- *Phone:* (580) 269-2552 ext. 201
- *Website:* kawnation.com

Kialegee Tribal Town

- *Traditional language:* Muscogee
- *Enrolled members:* 700
- *Leadership:* Mekko Tiger Hobia
- *Address:* PO Box 332, Wetumka, OK 74883
- *Phone:* (405) 452-3262
- *Website:* kialegeetribal.webstarts.com

Kickapoo Tribe of Oklahoma

- *Traditional language:* Kickapoo
- *Enrolled members:* 2,630
- *Leadership:* Darwin Kaskaske
- *Address:* PO Box 70, McCloud, OK 74851
- *Phone:* (405) 964-7053
- *Website:* kickapootribeofoklahoma.com

Kiowa Tribe of Oklahoma

- *Traditional language:* Kiowa
- *Enrolled members:* 12,000
- *Leadership:* Matthew Komalty
- *Address:* PO Box 369 Carnegie, OK 73015
- *Phone:* (580) 654-2300
- *Website:* kiowatribe.org

Miami Tribe of Oklahoma

- *Traditional language:* Miami-Illinois
- *Enrolled members:* 3,908
- *Leadership:* Chief Douglas Lankford

- *Address:* PO Box 1326 Miami, OK 74555
- *Phone:* (918) 542-1445
- *Website:* miamination.com

Modoc Tribe of Oklahoma

- *Traditional language:* Modoc
- *Enrolled members:* 200
- *Leadership:* Bill Follis
- *Address:* 22 N. Eight Tribes Trail Miami, OK 74354
- *Phone:* (918) 542-1190
- *Website:* modocnation.com

Muscogee (Creek) Nation

- *Traditional language:* Muscogee
- *Enrolled members:* 69,162
- *Leadership:* Principal Chief David Hill
- *Address:* PO Box 580 Okmulgee, OK 74447
- *Phone:* (918) 732-7605
- *Website:* muscogeenation.com

Osage Nation of Oklahoma

- *Traditional language:* Osage
- *Enrolled members:* 47,350
- *Leadership:* Geoffrey Standing Bear
- *Address:* 627 Grandview Pawhuska, OK 74056
- *Phone:* (918) 287-5555
- *Website:* osagenation-nsn.gov

Otoe-Missouria Tribe of Indians

- *Traditional language:* Chiware
- *Enrolled members:* 3,049
- *Leadership:* Chairman John R. Shotton
- *Address:* 8151 Highway 177, Red Rock, OK 74651
- *Phone:* (580) 723-4466
- *Website:* omtribe.org

Ottawa Tribe of Oklahoma

- *Traditional language:* Ottawa
- *Enrolled members:* 2,500
- *Leadership:* Chief Ethel Cook
- *Address:* PO Box 110, Miami, OK 74355
- *Phone:* (918) 961-0980
- *Website:* omtribe.org

Pawnee Nation of Oklahoma

- *Traditional language:* Pawnee
- *Enrolled members:* 5,600
- *Leadership:* President-Elect Walter R. Echo-Hawk
- *Address:* PO Box 470, Pawnee, OK 74058
- *Phone:* (918) 762-3621
- *Website:* pawneenation.org

Peoria Tribe of Indians of Oklahoma

- *Traditional language:* Miami-Illinois
- *Enrolled members:* 2,925
- *Leadership:* Chief Craig Harper
- *Address:* PO Box 1527, Miami, OK 74355
- *Phone:* (918) 540-2335
- *Website:* peoriatribe.com

Ponca Tribe of Oklahoma

- *Traditional language:* Omaha Ponca
- *Enrolled members:* 4,200
- *Leadership:* Chairman Oliver Littlecook
- *Address:* 20 White Eagle Drive, Ponca City, OK 74601
- *Phone:* (580) 762-8104
- *Website:* ponca.com

Quapaw Tribe of Oklahoma

- *Traditional language:* Quapaw
- *Enrolled members:* 3,240
- *Leadership:* Chairman Joseph Byrd
- *Address:* PO Box 762, Quapaw, OK 74363

- *Phone:* (918) 542-1853
- *Website:* quapawtribe.com

Sac & Fox Nation of Oklahoma

- *Traditional language:* Mesquakie
- *Enrolled members:* 3,794
- *Leadership:* Principal Chief Justin F. Wood
- *Address:* Route 2, PO Box 246, Stroud, OK 74079
- *Phone:* (918) 968-3526
- *Website:* sacandfoxnation-nsn.gov

Seminole Nation of Oklahoma

- *Traditional language:* Mikasuki
- *Enrolled members:* 18,800
- *Leadership:* Chief Lewis Johnson
- *Address:* PO Box 1498, Wewoka, OK 74884
- *Phone:* (405) 257-7205
- *Website:* sno-nsn.gov

Seneca-Cayuga Tribe of Oklahoma

- *Traditional language:* Cayuga
- *Enrolled members:* 5,059
- *Leadership:* Sarah Channing
- *Address:* 23701 South 655 Road Grove, OK 74344
- *Phone:* (918) 787-5452
- *Website:* sctribe.com

Shawnee Tribe of Oklahoma

- *Tribal language:* Shawnee
- *Enrolled members:* 10,000
- *Leadership:* Chief Ben Barnes
- *Address:* PO Box 189 Miami, OK 74355
- *Phone:* (918) 542-2441
- *Website:* shawnee-nsn.gov

Thlopthlocco Tribal Town

- *Tribal language:* Creek
- *Enrolled members:* 1,000
- *Leadership:* Mekko Ryan Morrow
- *Address:* PO Box 188, Okemah, OK 74859-0188
- *Phone:* (918) 560-6198
- *Website:* ttown.org

Tonkawa Tribe of Oklahoma

- *Tribal language:* Tonkawa
- *Enrolled members:* 611
- *Leadership:* President Russell Martin
- *Address:* 1 Rush Buffalo Road Tonkawa, OK 74653
- *Phone:* (580) 628-2561
- *Website:* tonkawatribe.com

United Keetoowah Band of the Cherokees

- *Traditional language:* Cherokee
- *Enrolled members:* 14,300
- *Leadership:* Chief Joe Bunch
- *Address:* PO Box 746, Tahlequah, OK 74465
- *Phone:* (918) 431-1818
- *Website:* ukb-nsn.gov

Wichita and Affiliated Tribes

- *Traditional language:* Wichita
- *Enrolled members:* 2,953
- *Leadership:* President Terri Parton
- *Address:* PO Box 729, Anadarko, OK 73005
- *Phone:* (405) 247-2425
- *Website:* wichitatribes.com

Wyandotte Nation

- *Traditional language:* Wandat
- *Enrolled members:* 4,957
- *Leadership:* Chief Billy Friend

- *Address:* 64700 East Highway 60, Wyandotte, OK 74370
- *Phone:* (918) 678-2297
- *Website:* wyandotte-nation.org

Indian Health Services Oklahoma Area

- *Website:* ihs.gov/oklahomacity

The Oklahoma City Area Indian Health Service serves the states of Oklahoma, Kansas, and portions of Texas. Oklahoma is home to more than 39 Tribes and Tribal Organizations, a unique characteristic of the Oklahoma City Area because many Tribes have opted to operate their own health programs, including large-scale hospitals to the smaller preventive care programs and behavioral health programs. The Area consists of eight Service Units with federally operated hospitals, clinics, and smaller health stations.

Health Care Centers

- Anadarko Indian Health Center: ihs.gov/oklahomacity/healthcarefacilities/anadarko
- Carnegie Indian Health Center: ihs.gov/oklahomacity/healthcarefacilities/carnegie
- Chickasaw Nation Health System: chickasaw.net
- Cherokee Nation Health System: health.cherokee.org
- Choctaw Nation Health Systems Authority: choctawnation.com
- Claremore Indian Hospital: ihs.gov/oklahomacity/healthcarefacilities/claremore
- Clinton Indian Health Center: ihs.gov/oklahomacity/healthcarefacilities/clinton
- El Reno Health Center: ihs.gov/oklahomacity/healthcarefacilities/elreno

- Haskell Indian Health Center: ihs.gov/oklahomacity/healthcarefacilities/haskell
- Kickapoo Tribe in Kansas Health Center: ktik-nsn.gov
- Kanza Health Clinic: kawnation.com/?page_id=3088
- Lawton Indian Hospital: ihs.gov/oklahomacity/healthcarefacilities/lawton
- Muscogee (Creek) Nation Health System: creekhealth.org
- Northeastern Tribal Health System: ihs.gov/oklahomacity/healthcarefacilities/nths
- Pawnee Indian Health Center: ihs.gov/oklahomacity/healthcarefacilities/pawnee
- Prairie Band Potawatomi Health Center: pbpindiantribe.com/health-center
- Wah-Zha-Zhi Health Center: ihs.gov/oklahomacity/healthcarefacilities/wahzhazhi
- Watonga Health Center: ihs.gov/oklahomacity/healthcarefacilities/watonga
- Wewoka Indian Health Center: ihs.gov/oklahomacity/healthcarefacilities/wewoka

Urban Indian Health Organizations

Indian Health Care Resource Center

- *Address:* 550 South Peoria, Tulsa, OK 74120
- *Phone:* (918) 588-1900
- *Website:* ihcrc.org

Oklahoma City Indian Clinic

- *Address:* 4913 W Reno Ave, Oklahoma City, OK 73127
- *Phone:* (405) 948-4900
- *Website:* okcic.com

Federal and State Resources and Services

- Bureau of Indian Affairs Tribal Leaders Directory: bia.gov/bia/ois/tribal-leaders-directory
- Bureau of Indian Affairs Eastern Oklahoma Agency: bia.gov/regional-offices/eastern-oklahoma
- Bureau of Indian Affairs Southern Plains Agency: bia.gov/regional-offices/southern-plains/tribes-served
- Oklahoma State Department of Health Office of the Tribal Liaison: oklahoma.gov/health/organization/partnerships-for-health-improvement/office-of-tribal-liaison.html
- Oklahoma State Indian Affairs Commission: ok.gov/oiac

NATIVE AMERICAN COMMUNITIES IN SOUTH DAKOTA

The State of South Dakota is home to nine federally recognized Tribes. Two of these nine tribes, the Standing Rock Sioux Tribe and Sisseton-Wahpeton Oyate, are located across South and North Dakota.



South Dakota has one of the largest populations of Native Americans in the United States. According to the U.S. Census (2019) approximately 79, 577 of the state 884, 659 residents identify as American Indian or Alaska Native.

South Dakota leads the nation in the percentage of Native Americans living below the poverty line with nearly 48 percent of the state's live below the poverty threshold, according to the U.S. Census American Community Survey on poverty. In Rapid City, South Dakota, the poverty rate for Native Americans was 50.9 percent.

Federally Recognized Tribes

Cheyenne River Sioux

- *Reservation:* Cheyenne River Reservation; Dewey and Ziebach Counties
- *Traditional language:* Lakota

- *Enrolled members living on reservation:* 8,000
- *Leadership:* Harold Frazier
- *Address:* Bldg. 2002 Wing C, D Street, Eagle Butte, SD, 57625
- *Phone:* (605) 964-4155
- *Website:* cheyenneriversiouxtribe.org

Crow Creek Sioux Tribe

- *Reservation:* Crow Creek Reservation; Buffalo, Hyde, and Hughes Counties
- *Traditional language:* Dakota
- *Enrolled members living on reservation:* 1,230
- *Leadership:* Peter Lengkeek
- *Address:* 100 Drifting Goose Street, Fort Thompson, SD, 57339
- *Phone:* (605) 245-2221
- *Website:* crowcreekconnections.org

Flandreau Santee Sioux Tribe

- *Reservation:* Flandreau Reservation; in Moody County
- *Traditional language:* Dakota
- *Enrolled members living on reservation:* 726
- *Leadership:* Anthony Reider
- *Address:* 603 West Broad Avenue, Flandreau, SD, 57028
- *Phone:* (605) 997-3891
- *Email:* Anthony.Reider@fsst.org
- *Website:* fsst.org

Lower Brule Sioux Tribe

- *Reservation:* Lower Brule Reservation; Lyman and Stanley Counties
- *Traditional language:* Lakota
- *Enrolled members living on reservation:* 1,308

- *Leadership:* Clyde J.R. Estes
- *Address:* 187 Oyate Circle, Lower Brule, SD, 57548
- *Phone:* (605) 473-5561
- *Email:* Chairman@lbst.org
- *Website:* lbst.org

Oglala Sioux Tribe

- *Reservation:* Pine Ridge Reservation; Oglala Lakota, Bennett, and Jackson Counties
- *Traditional language:* Lakota
- *Enrolled members living on reservation:* 19,639
- *Leadership:* Kevin Killer
- *Address:* Highway 18 Main Street, Pine Ridge, SD, 57770
- *Phone:* (605) 867-5821
- *Website:* oglalalakotatianation.org

Rosebud Sioux Tribe

- *Reservation:* Rosebud Reservation; Todd, Mellette, and Tripp Counties
- *Traditional language:* Lakota
- *Enrolled members living on reservation:* 21,245
- *Leadership:* Rodney Bordeaux
- *Address:* 11 Legion Avenue, Rosebud, SD, 57570
- *Phone:* (605) 747-2381
- *Website:* rosebudsiouxtribe-nsn.gov

Sisseton Wahpeton Oyate

- *Reservation:* Former Lake Traverse; parts of Marshall, Day, Codington, Grant, and Roberts Counties
- *Traditional language:* Dakota
- *Enrolled members living on reservation:* 9,894
- *Leadership:* Delbert Hopkins Jr.
- *Address:* 12554 BIA Highway 711, Agency Village, SD, 57262
- *Phone:* (605) 698-3911
- *Website:* swo-nsn.gov

Standing Rock Sioux Tribe

- *Reservation:* Standing Rock Reservation, Corson County SD
- *Traditional language:* Dakota and Lakota
- *Enrolled members living on reservation:* 8,396 est.
- *Leadership:* Mike Faith
- *Address:* North Standing Rock Avenue Building 1, Fort Yates, ND, 58538
- *Phone:* (701) 854-8500
- *Website:* standingrock.org

Yankton Sioux Tribe

- *Reservation:* Yankton Reservation; part of Charles Mix County
- *Traditional language:* Dakota
- *Enrolled members living within area:* 3,500
- *Leadership:* Robert Flying Hawk
- *Address:* 800 Main, SW, Wagner, SD, 57380
- *Phone:* (605) 384-3641
- *Website:* yanktonsiouxtribe.net

Indian Health Services Great Plains Area

- *Website:* ihs.gov/greatplains

The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its nine Indian Health Service Units and Tribal managed Service Units to provide health care, behavioral health services, and substance abuse treatment to eligible tribal members.

Cheyenne River Health Center—Eagle Butte Hospital

- *Address:* 24276 166th Street, Airport Rd, Eagle Butte, SD 57625
- *Phone:* 605-964-7724

Fort Thompson IHS Health Center

- *Address:* 1323 BIA Route 4, PO Box 200, Fort Thompson, SD 57339
- *Phone:* (605) 245-1500

Great Plains Area Youth Regional Treatment Center

- *Address:* PO Box 680, Mobridge, SD 57601
- *Phone:* (605) 845-7181

Lower Brule Indian Health Center

- *Address:* 601 Gall St, Lower Brule, SD 57548
- *Phone:* (605) 473-5526

Pine Ridge Hospital

- *Address:* East Highway 18, Pine Ridge, SD 57770
- *Phone:* (605) 867-5131

Rapid City Service Unit—Rapid City Hospital

- *Address:* 3200 Canyon Lake Dr, Rapid City, SD 57702
- *Phone:* (605) 719-4000

Rosebud Service Unit

- *Address:* P.O. Box 400, Rosebud, SD 57570
- *Phone:* (605) 747-2231

Standing Rock Service Unit

- *Address:* 10 North River Road, PO Box J, Fort Yates, North Dakota 58538
- *Phone:* (701) 854-3831

Yankton Service Unit

- *Address:* 111 Washington Ave NW, Wagner, SD 57380
- *Phone:* (605) 384-3621

Urban Indian Health Organizations

South Dakota Urban Indian Health

- *Website:* sduih.org

South Dakota Urban Indian Health (SDUIH) is an Urban Indian Health Clinic funded through a contract with Indian Health Service (IHS). SDUIH non-profit corporation that operates two full-time medical/behavioral health clinics in South Dakota, one located in Pierre and Sioux Falls.

SDUIH Pierre Clinic

- *Address:* 1714 Abbey Rd, Pierre, SD 57501
- *Phone:* (605) 224-8841

SDUIH Sioux Falls

- *Address:* 1200 N West Ave, Sioux Falls, SD 57104-5063
- *Phone:* 605-339-0420
- *Executive Director:* Don Lee
- *Email:* don.lee@sduih.org

Federal and State Resources and Services

- Bureau of Indian Affairs Tribal Leaders Directory: bia.gov/bia/ois/tribal-leaders-directory
- Bureau of Indian Affairs Great Plains Agency: bia.gov/regional-offices/great-plains/south-dakota
- Bureau of Indian Education Homeless Support Programs: bie.edu/topic-page/title-xc-mckinney-vento-homeless-education-act
- South Dakota Department of Tribal Relations: sdtribalrelations.sd.gov

NATIVE AMERICAN COMMUNITIES IN WASHINGTON STATE

Washington State is home to 29 federally recognized American Indian tribes and more than 200,000 American Indians and Alaska Natives. Tribes are located throughout the state—from Neah Bay on the Pacific Coast to Usk near the eastern state border. Tribal governmental and business enterprises are creating tens of thousands of jobs and investing billions of dollars in the state's economy.



Confederated Tribes of the Chehalis Reservation

- *Reservation:* Upper and Lower Chehalis, Klallam, Muckleshoot, Nisqually, and Quinault peoples.
- *Reservation:* Grays Harbor County
- *Traditional language:* Upper Chehalis and Lower Chehalis languages
- *Enrolled members:* 883
- *Leadership:* Harry Pickernell, Sr. (Chairman)
- *Address:* P.O. Box 536 Oakville, Washington 98568
- *Address:* 420 Howanut Road Oakville, WA 98568
- *Phone:* (360) 273-5911
- *Website:* The Chehalis Tribe - People of the Sands

Federally Recognized Tribes

Confederated Tribes and Bands of the Yakama Nation

- *Reservation:* Klickitat, Palus, Wallawalla, Wanapam, Wenatchi, Wishram, and Yakama peoples.
- *Reservation:* Yakima and the northern edge of Klickitat counties
- *Traditional language:* Numerous Sahaptin dialects, Chinookan, Salish
- *Enrolled members:* 10,851
- *Leadership:* Delano Saluskin – Chairman
- *Address:* 401 Fort Road Toppenish, WA 98948
- *Phone:* (509) 865-5121
- *Website:* yakamanation.net

Confederated Tribes of the Colville Reservation

- *Reservation:* Colville, Nespelem, Sanpoil, Lakes, Palus, Wenatchi, Chelan, Entiat, Methow, southern Okanogan, Sinkiuse-Columbia, and Nez Perce of Chief Joseph's Band.
- *Reservation:* Okanogan County
- *Traditional language:* Colville-Okanogan
- *Enrolled members:* 9,520
- *Leadership:* Andrew Joseph, Jr. (Chairman)
- *Phone:* (509) 634-2216
- *Address:* PO Box 150, Nespelem, WA 99155-0150
- *Website:* colvilletribes.com

Cowlitz Indian Tribe

- *Reservation:* Clark, Cowlitz, Lewis and parts of Pierce, Skamania, and Wahkiakum Counties
- *Traditional language:* Salish
- *Enrolled members:* 3,500
- *Leadership:* David Barnett., Chairman,
- *Phone:* (360) 577-8140
- *Address:* PO Box 2547 Longview, Washington 98632-8594
- *Address:* 1055-9th Avenue Suite B Longview, WA 98632
- *Website:* The Cowlitz Indian Tribe

Hoh Indian Tribe

- *Reservation:* Olympic Peninsula
- *Traditional language:* Quileute
- *Enrolled members:* 147
- *Leadership:* Lisa Martinez - Chairwoman
- *Phone:* (360) 374-6582
- *Address:* PO Box 2196 Forks, WA 98331-2196
- *Address:* 2269 Lower Hoh Road Forks, WA 98331
- *Website:* Hoh Tribe | Chálá-at: People of the Hoh River (hohtribe-nsn.org)

Jamestown S'Klallam Tribe

- *Reservation:* Northern Olympic Peninsula and Clallam and Jefferson Counties
- *Traditional language:* Klallam
- *Enrolled members:* 594
- *Leadership:* W. Ron Allen – Chairman
- *Address:* 1033 Old Blyn Highway, Sequim, WA 98382-7670
- *Phone:* (360) 683-1109
- *Website:* jamestowntribe.org

Kalispel Indian Community of the Kalispel Reservation

- *Reservation:* Pend Oreille County
- *Traditional language:* Salish
- *Enrolled members:* 450
- *Leadership:* Glen D. Nenema, Chairman
- *Address:* 1981 LeClerc Road North Cusick, WA 99119
- *Phone:* (509) 445-1147
- *Website:* Kalispel Tribe of Indians

Lower Elwha Tribal Community

- *Reservation:* Port Angeles
- *Traditional language:* Klallam
- *Enrolled members:* 776
- *Leadership:* Frances G. Charles, Tribal Chairwoman
- *Address:* 2851 Lower Elwha Road Port Angeles
- *Phone:* (360) 452-8471
- *Website:* elwha.org/home.html

Lummi Tribe of the Lummi Reservation

- *Reservation:* Whatcom County
- *Traditional language:* North Straits Salish
- *Enrolled members:* 2,564
- *Leadership:* Lawrence Solomon, Chairman
- *Address:* 2665 Kwina Rd, Bellingham, WA 98226-9221
- *Phone:* (360) 312-2000
- *Website:* Lummi Nation (lummi-nsn.gov)

Makah Indian Tribe of the Makah Indian Reservation

- *Reservation:* Neah Bay
- *Traditional language:* Makah
- *Enrolled members:* 1,214
- *Leadership:* Timothy J. Greene, Sr., Chairman

- *Phone:* (360) 645-2201
- *Address:* P.O. Box 115 Neah Bay, WA 98357-0115
- *Website:* makah.com

Muckleshoot Indian Tribe

- *Reservation:* King County and Pierce County
- *Traditional language:* Whulshootseed
- *Enrolled members:* 3,000
- *Leadership:* Jaison Elkins - Chairman
- *Address:* 39015 172nd Avenue SE Auburn, WA 98092-9763
- *Phone:* (253) 939-3311
- *Website:* muckleshoot.nsn.us

Nisqually Indian Tribe

- *Reservation:* Pierce County and eastern Thurston County
- *Traditional language:* Lushootseed
- *Enrolled members:* 758
- *Leadership:* Willie Frank III, Chairman
- *Phone:* (360) 456-5221
- *Address:* 4820 She-Nah-Num Drive SE Olympia, WA 98513-9199
- *Website:* nisqually-nsn.gov

Nooksack Indian Tribe

- *Reservation:* Deming
- *Traditional language:* Lhéchalosem, Nooksack
- *Enrolled members:* 2,000
- *Leadership:* Ross Cline, Sr., Chairman
- *Phone:* (360) 592-5176
- *Address:* P.O. Box 157 Deming, WA 98244-0157
- *Website:* nooksacktribe.org

Port Gamble S'Klallam Tribe

- *Reservation:* Kitsap Peninsula, near the towns of Kingston and Poulsbo

- *Traditional language:* S'Klallam
- *Enrolled members:* 1,156
- *Leadership:* Chairman Jeromy Sullivan
- *Phone:* (360) 297-2646
- *Address:* 1912 Little Boston Road NE, Kingston, WA 98346-9700
- *Website:* pgst.nsn.us

Puyallup Tribe of the Puyallup Reservation

- *Reservation:* Pierce County
- *Traditional language:* Puyallup Nisqually
- *Enrolled members:* 4,000
- *Leadership:* Bill Sterud, Chairman
- *Phone:* (253) 573-7800
- *Address:* 3009 East Portland Avenue Tacoma, WA 98404-4926
- *Website:* puyallup-tribe.com

Quileute Tribe of the Quileute Reservation

- *Reservation:* La Push
- *Traditional language:* Quileute
- *Enrolled members:* 400
- *Leadership:* Doug Woodruff, Chairman
- *Phone:* (360) 374-6163
- *Address:* P.O. Box 279 La Push, WA 98350-0279
- *Address:* 90 Main Street La Push, WA 98350
- *Website:* quileutenation.org

Quinault Indian Nation

- *Reservation:* Grays Harbor County
- *Traditional language:* Quinault
- *Enrolled members:* 2,453
- *Leadership:* Guy Capoeman, President
- *Phone:* (360) 276-8211
- *Address:* P.O. Box 189 Taholah, WA 98587-0189

- *Address:* 1214 Aalis Drive Taholah, WA 98587
- *Website:* quinaultindiannation.com

Samish Indian Nation

- *Reservation:* Anacortes, Fidalgo Island, in Washington, north of Puget Sound
- *Traditional language:* Samish
- *Enrolled members:* 2,065
- *Leadership:* Tom Wooten, Tribal Chairman
- *Phone:* (360) 293-6404
- *Address:* P.O. Box 217 Anacortes, WA 98221-0217
- *Address:* 2918 Commercial Avenue Anacortes, WA 98221
- *Website:* samishtribe.nsn.us

Sauk-Suiattle Indian Tribe

- *Reservation:* Skagit County, Snohomish County
- *Traditional language:* Lushootseed
- *Enrolled members:* 350
- *Leadership:* Nino Maltos, Chairperson
- *Phone:* (360) 436-0131
- *Address:* 5318 Chief Brown Lane Darrington, WA 98241-9421
- *Website:* sauk-suiattle.com

Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation

- *Reservation:* Pacific County
- *Traditional language:* Chinookan family of Native American languages
- *Enrolled members:* 237
- *Leadership:* Charlene Nelson, Chairperson
- *Phone:* (360) 267-8101
- *Address:* P.O. Box 130 Tokeland, WA 98590-0130

- *Address:* 2373 Old Tokeland Road Tokeland, WA 98590
- *Website:* shoalwaterbay-nsn.gov

Skokomish Indian Tribe

- *Reservation:* Jefferson, Mason, and Kitsap Counties
- *Traditional language:* Twana language
- *Enrolled members:* 796
- *Leadership:* Charles "Guy" Miller, Chairman
- *Phone:* (360) 426-4232
- *Address:* 80 North Tribal Center Road Shelton, WA 98584-9748
- *Website:* skokomish.org/skokomish-tribal-council

Snoqualmie Indian Tribe

- *Reservation:* East King County, Snoqualmie Valley, and Lake Sammamish.
- *Traditional language:* Lushootseed
- *Enrolled members:* 600
- *Leadership:* Robert de los Angeles, Chairperson
- *Phone:* (425) 888-6551
- *Address:* P.O. Box 969 Snoqualmie, WA 98065-0969
- *Address:* 9571 Ethan Wade Way SE Snoqualmie, WA 98065
- *Website:* snoqualmietribe.us

Spokane Tribe of the Spokane Reservation

- *Reservation:* Stevens County
- *Traditional language:* Salish Spokane-Kalispel
- *Enrolled members:* 2,900
- *Leadership:* Jeremy Takala, Tribal Chairman
- *Phone:* (509) 458-6500
- *Address:* P.O. Box 100 Wellpinit, WA 99040-0100

- *Address:* 6195 Ford-Wellpinit Road Wellpinit, WA 99040
- *Website:* spokanetribe.com

Squaxin Island Tribe of the Squaxin Island Reservation

- *Reservation:* Mason County
- *Traditional language:* Lushootseed
- *Enrolled members:* 930
- *Leadership:* Kris Peters, Chairman
- *Phone:* (360) 426-9781
- *Address:* 10 SE Squaxin Lane Shelton, Washington 98584-9200
- *Website:* squaxinisland.org

Stillaguamish Tribe of Indians of Washington

- *Reservation:* Snohomish County
- *Traditional language:* Lushootseed
- *Enrolled members:* 230
- *Leadership:* Eric White, Chairman
- *Phone:* (360) 652-7362
- *Address:* P.O. Box 277 Arlington, WA 98223-0277
- *Address:* 3322 236th Street NE Arlington, WA 98223
- *Website:* stillaguamish.com

Suquamish Indian Tribe of the Port Madison Reservation

- *Reservation:* Kitsap County
- *Traditional language:* Lushootseed
- *Enrolled members:* 890
- *Leadership:* Leonard Forsman, Tribal Chairman
- *Phone:* (360) 598-3311
- *Address:* P.O. Box 498 Suquamish, WA 98392-0498
- *Address:* 18490 Suquamish Way Suquamish, WA 98392

- *Website:* suquamish.nsn.us

Swinomish Indian Tribal Community

- *Reservation:* Fidalgo Island a few miles east of the City of Anacortes and a few miles west of the City of Mount Vernon in Skagit County
- *Traditional language:* Lushootseed
- *Enrolled members:* 1,439
- *Leadership:* Steve Edwards, Chairman
- *Telephone:* (360) 466-3163
- *Address:* 11404 Moorage Way LaConner, Washington 98257-9450
- *Website:* swinomish.org

Tulalip Tribes of Washington

- *Reservation:* Puget Sound
- *Traditional language:* Lushootseed
- *Enrolled members:* 5,100
- *Leadership:* Teri Gobin, Chairwoman
- *Phone:* (360) 716-4000
- *Address:* 6406 Marine Drive Tulalip, WA 98271-9775
- *Website:* tulaliptribes-nsn.gov

Upper Skagit Indian Tribe

- *Reservation:* Skagit County
- *Traditional language:* Lushootseed
- *Enrolled members:* 200
- *Tribal Leadership:* Jennifer Washington, Chairwoman
- *Phone:* (360) 854-7090
- *Address:* 25944 Community Plaza Way Sedro Woolley, WA 98284-9739
- *Website:* upperskagittribe-nsn.gov

Indian Health Services Portland Area

The Portland Area Indian Health Service provides access to health care for an estimated 150,000 American Indian/Alaska Native residents of Oregon, Washington, and Idaho. Health delivery services are provided by a mix of health centers, health stations, preventative health programs and urban programs.

The Portland Area Indian Health Service operates six Federal health facilities in five Tribal communities and one at Chemawa Indian School. Tribes operate health facilities under the authority of the Indian Self-determination and Education Assistance Act (Public Law 93-638, as amended), Titles 1 and V. Twenty-three Tribes have Title V compacts and there are 24 Tribes or Tribal organizations that contract under Title 1. Overall, Tribes administer more than 74 percent of the Portland Area budget authority appropriation through Self-Determination contracts or Self-Governance compacts. There are also three Urban programs with services ranging from community health to comprehensive primary health care services.

Colville Service Unit

- *Website:* ihs.gov/portland/healthcarefacilities/colville

Nespelem Clinic

- *Address:* PO Box 71, 19 Lakes Street, Nespelem, WA 99155
- *Phone:* (509) 634-2900

Omak Clinic

- *Address:* 617 Benton Street, Omak, WA 98841

Fort Hall Service Unit

- *Address:* P.O. Box 717, Fort Hall, ID 83203
- *Fax:* (208) 238-5463
- *Phone:* (208) 238-5400
- *Website:* ihs.gov/portland/healthcarefacilities/forthall

Warm Springs Health & Wellness Center

- *Address:* PO Box 1209, Warm Springs, OR 97761
- *Phone:* (541) 553-1196
- *Website:* ihs.gov/portland/healthcarefacilities/warmsprings

Wellpinit Service Unit

- *Address:* 6203 Agency Loop Road, P.O. Box 357, Wellpinit, WA 99040
- *Phone:* (509) 258-4517 ext. 4100
- *Website:* ihs.gov/portland/healthcarefacilities/wellpinit

Western Oregon Service Unit

Chemawa Health Center

- *Address:* 3750 Chemawa Rd. NE, Salem, OR 97305
- *Phone:* (503) 304-7600
- *Website:* ihs.gov/portland/healthcarefacilities/westernoregon

Yakama Service Unit

- *Address:* 401 Buster Road, Toppenish, WA 98948
- *Phone:* 509-865-2102
- *Toll Free IHS:* 1 (800) 574-5584
- *Toll Free CHS:* 1 (800) 922-7006
- *Website:* ihs.gov/portland/healthcarefacilities/yakama

Urban Indian Health Organizations

Washington Urban Indian Health Services

NATIVE Project

- *Leadership:* Toni Lodge, Executive Director
- *Address:* 1803 W Maxwell, Spokane, WA 99201
- *Phone:* (509) 325-5502
- *Website:* nativeproject.org

Seattle Indian Health Board

- *Leadership:* Esther Lucero, Executive Director
- *Address:* 611 12th Avenue South, Seattle, WA 98144
- *Phone:* (206) 324-9360
- *Website:* sihb.org

Federal and State Resources and Services

- American Indian Health Commission: aihc-wa.com
- ADHHS Office of Indian Policy – OIP Indian Policy: dshs.wa.gov/office-of-the-secretary/indian-policy
- Northwest Portland Area Indian Health Board: npaihb.org
- One Tribal Opioid Campaign: watribalopioidsolutions.com
- Seattle Indian Health Board: sihb.org
- State of Washington Governor’s Office of Indian Affairs: goia.wa.gov/relations/millennium-agreement
- Resources - Washington Tribes: washingtribes.org/resources
- Bureau of Indian Affairs Tribal Leaders Directory: bia.gov/bia/ois/tribal-leaders-directory
- Bureau of Indian Affairs Housing Improvement Program: bia.gov/bia/ois/dhs/housing-improvement-program
- Bureau of Indian Education Homeless Support Programs bie.edu/topic-page/title-xc-mckinney-vento-homeless-education-act
- Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH): hud.gov/program_offices/public_indian_housing/ih/tribalhudvash
- Office Of Native American Programs (ONAP; HUD): hud.gov/program_offices/public_indian_housing/ih

NATIVE AMERICAN COMMUNITIES IN WISCONSIN

The State of Wisconsin is home to 11 federally recognized Tribes and 1 state-recognized tribal community.

There are 69,386 Native American people living in Wisconsin, approximately 1.29 percent of the total population in Wisconsin. Over 37,000 Native American people in Wisconsin live on reservations or trust lands across the state.



- *Enrolled members living on reservation:* 584
- *Enrolled members living off reservation:* 1,400
- *Leadership:* Ned Daniels Jr.
- *Address:* 5416 Everybody's Road Crandon, WI 54520
- *Phone:* (715) 478-7200
- *Website:* fcpotawatomi.com

Ho-Chunk Nation of Wisconsin

- *Reservation:* Trust lands in Adams, Clark, Crawford, Dane, Eau Claire, Jackson, Juneau, La Crosse, Marathon, Monroe, Sauk, Shawano, Vernon, and Wood Counties
- *Traditional language:* Hocak
- *Enrolled members living on reservation:* 1,141
- *Enrolled members living off reservation:* 6,563
- *Leadership:* Marlon White Eagle
- *Address:* W9814 Airport Road Black River Falls, WI 54615
- *Phone:* (715) 284-9343
- *Website:* ho-chunknation.com

Federally Recognized Tribes

Bad River Band of the Lake Superior Tribe of Chippewa Indians

- *Reservation:* Ashland County
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 932
- *Enrolled members living off reservation:* 6,945
- *Leadership:* Mike Wiggins Jr.
- *Address:* 72682 Maple Street, Ashland, WI 54806
- *Phone:* (715) 682-7111
- *Website:* badriver-nsn.gov

Forest County Potawatomi Community, Wisconsin

- *Reservation:* Forest and Oconto Counties
- *Traditional language:* Potawatomi

Lac Courte Oreilles Band of Lake Superior Chippewa

- *Reservation:* Sawyer County
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 2,247
- *Enrolled members living off reservation:* 7,275
- *Leadership:* Louis Taylor
- *Address:* 13394 West Trepania Road Building #1 Hayward, WI 54843
- *Phone:* (715) 634-8934
- *Website:* lcotribe.com

Lac du Flambeau Band of Lake Superior Chippewa Indians

- *Reservation:* Villas and Iron Counties
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 1,761
- *Enrolled members living off reservation:* 3,415
- *Leadership:* John Johnson Sr.
- *Address:* 418 Little Pines Road Lac du Flambeau, WI 54538
- *Phone:* (715) 588-4206
- *Website:* ldftribe.com

Menominee Indian Tribe of Wisconsin

- *Reservation:* Menominee County
- *Traditional language:* Menominee
- *Enrolled members living on reservation:* 3,401
- *Enrolled members living off reservation:* 8,720
- *Leadership:* Ron Corn Sr.
- *Address:* W2908 Tribal Office Loop Keshena, WI 54135
- *Phone:* (715) 799-5100
- *Website:* menominee-nsn.gov

Oneida Nation

- *Reservation:* Brown and Outagamie Counties
- *Traditional language:* Oneida
- *Enrolled members living on reservation:* 4,473
- *Enrolled members living off reservation:* 12,101
- *Leadership:* Tehassi Hill
- *Address:* N7210 Seminary Rd. Oneida, WI 54155
- *Phone:* (920) 869-4040
- *Website:* oneidanation.org

Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin

- *Reservation:* Bayfield County
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 2,513

- *Enrolled members living off reservation:* 5,312
- *Leadership:* Christopher Boyd
- *Address:* 88385 Pike Road Highway 13 Bayfield, WI 54814
- *Phone:* (715) 779-3700
- *Website:* redcliff-nsn.gov

Sokaogon Chippewa Community, Wisconsin

- *Reservation:* Mole Lake, Forest County
- *Traditional language:* Ojibwe
- *Enrolled members living on reservation:* 452
- *Enrolled members living off reservation:* 1,026
- *Leadership:* Robert VanZile
- *Address:* 3051 Sand Lake Road Crandon, WI 54520
- *Phone:* (715) 478-7500
- *Website:* sokaogonchippewa.com

St. Croix Chippewa Indians of Wisconsin

- *Reservation:* Burnett, Polk, Washburn, and Barron Counties
- *Traditional language:* Ojibwe
- *Enrolled members living within area:* 438
- *Enrolled members living off reservation:* 1,126
- *Leadership:* William Reynolds
- *Address:* 24663 Angeline Ave, Webster, WI 54893
- *Phone:* (715) 349-2295
- *Website:* stcroixojibwe-nsn.gov

Indian Health Services

Bemidji Area

Wisconsin's 11 Federally recognized tribes are served by the Indian Health Service Bemidji Area Office (BAO). The BAO provides service and support to 34 Federally recognized Tribes and 4 Urban Indian Health programs located

in Illinois, Indiana, Michigan, Minnesota, and Wisconsin. Tribal Health services are provided to urban Indian Health programs located in Chicago, IL, Detroit, MI, Milwaukee, WI, and Minneapolis, MN.

Tribes in the Bemidji Area include Ojibwe (Chippewa), Ho-Chunk, Menominee, Mohican, Oneida, Odawa, Potawatomi, and Sioux. (<https://www.ihs.gov/bemidji/>)

Urban Indian Health Organizations

Gerald L. Ignace Indian Health Center

The Gerald L. Ignace Indian Health Center (GLIHC) is located in Milwaukee, Wisconsin, and has a medical clinic, pharmacy, dental clinic, behavioral health center, and a fitness center.

- *Address:* 930 West Historic Mitchell Street, Milwaukee, WI 53204
- *Phone:* (414) 383-9526
- *Email:* info@glihc.net
- *Website:* glihc.net

American Indian Council on Alcoholism, Inc.

- *Address:* 6510 W. Layton Avenue, Suite 101, Greenfield WI 53220
- *Address:* 806 North Albert Street Greenfield, WI 53220
- *Phone:* (414) 930-9210
- *Email:* reneespsych@sbcglobal.net

Federal and State Resources and Services

- Bureau of Indian Affairs Tribal Leaders Directory: bia.gov/bia/ois/tribal-leaders-directory/
- Bureau of Indian Affairs Midwest Agency: bia.gov/regional-offices/midwest
- Wisconsin State Tribal Relations Initiative: witribes.wi.gov
- Great Lakes Inter Tribal Council: witribes.wi.gov

Guide

Appendix A: Medical Summary Report Interview Guide



Medical Summary Report Interview Guide for American Indian and Alaska Native Communities

The *Medical Summary Report (MSR) Interview Guide* provides sample questions and guidance for gathering information necessary to the SSI/SSDI disability determination process. We do not expect you to ask all of the questions in each section. The questions are intended to help you gather all of the information you will need to write a Medical Summary Report. For example, if the individual has not been in military service, there is no need to include a military history section. Likewise, if the individual has no legal issues, do not include a legal history section.

Using this guidance, SOAR-trained providers are able to gather a thorough history in a respectful manner, which in turn helps the Disability Determination Services (DDS) understand the duration of a person's impairment and the effect of their illness(es) on work ability and functioning. The *MSR Template* may be used to compile information in the form of a narrative letter to SSA/DDS as part of the SOAR process. The template has eight main sections, covering the types of information that DDS needs to make a decision. Use the headings provided in the template to organize your MSR.

Trauma-Informed Interviewing

How questions are asked can be critical to obtaining the appropriate information. It is important to be sensitive to influences that affect a person's ability and willingness to provide information (cultural factors, past experiences with the mental health system, etc.). The interviewing process can also uncover sensitive topics like past and current trauma that need to be approached with care. When asking about trauma, it is critical to not overwhelm the applicant. It is equally important that the person be safe and secure after leaving the interview. Gathering such personal information requires a sensitive and skilled interviewer.



SOAR Tip: Interviewers who feel uncomfortable or ill-equipped to explore certain topics should not do so. Instead, they should seek assistance from someone who is more clinically skilled and more able to assess responses, to ensure that the person is safe from self-harm and/or emotional distress when the interview ends.

Medical Summary Report (MSR) Interview Guide

Section I: Introduction

This section should provide a description that creates a mental picture to help a DDS examiner “see” the individual, since it is unlikely that the DDS examiner will ever meet the applicant. The introduction to the MSR will also include all of the applicant’s physical and mental health diagnoses, as well as an overview of the case manager and agency’s involvement with the applicant.

A. Physical Assessment

- Provide an assessment of the applicant’s appearance, functioning, and your interactions with the applicant, include information about the applicant’s:
 - Height and weight
 - Clothing, hygiene, grooming, glasses, assistive devices

B. Observations that illustrate the applicant’s symptoms or functioning

- Speech problems or pace; ability to remain engaged or maintain face to face contact
- Movements: Unusual movements of mouth/face; tremors in hands/legs; pace (fast/slow)
- Demeanor: Agitation? Attitude? Alert? Focused or needing re-direction in conversation?

Section II. Personal History

A. Current and Past Living Situations; Homelessness History

It is important to know where the person is living for a number of reasons, including documenting homelessness or risk of homelessness. This information might also be linked to functioning, since the ability to function effectively often is affected by housing status.

Sample Questions:

- *Where do you live or stay? Who are your household members?*
- *Where did you live prior to where you are now?*
- *Have you ever lived independently? What was that like for you? Why did you leave that situation?*
- *Were there times you were homeless, after leaving one place and before finding another?*

For each living situation:

- *How did it go living there?*
- *Were there supports in place to help maintain the housing?*
- *What made you decide to move?*

B. Family Assessment

This section should illustrate what it was like growing up including a history of interpersonal relationships with family members and/or caregivers. Information gathered should focus on how the person’s family background relates to his or her symptoms and functioning. Note: Avoid listing personal names of family members (children, ex-husband, parents, etc.) who have not given permission for providing collateral information.

Sample topics/questions:

- *Place of birth; household members, family structure, social relationships, etc.*
- *Tell me what it was like when you were growing up.*
- *When growing up, who lived with you and was involved in your life?*

- *Is there history of behavioral/emotional dysfunction as a child or young adult?*
- *Was your childhood nurturing and satisfying or unhappy?*
- *How old were you when you left home? Why did you leave?*
- *Do you have contact with your family?*

C. Marital/Intimate Relationships

This section further speaks to assessment of how a person manages their marital or intimate relationships, and can highlight impairments in social functioning (i.e., interacting with others).

Sample questions:

- *Are you currently married or in a relationship?*
- *How long were you with _____? What happened when the relationships ended?*
- *Were you in an abusive relationship (e.g., emotional, physical, or economic abuse)? How do you feel now with your partner?*
- *Did the relationships include any violence/hitting/yelling/ emotional problems? Are you currently in a relationship that makes you feel unsafe?*
- *Have you had struggles in relationships? If so, please describe.*

Questions about children might include:

- *Do you have any children? How many? Ages?*
- *How would you describe your relationship to your child(ren)?*
- *How often are your child(ren) in your care?*
- *If you do not care for your child regularly, would you like to have contact with your children?*

Make these inquiries gently. Do not assume that the person wants to have contact with their children.

D. Trauma/Victimization

There are very high rates of trauma and victimization (past and present) in both women and men who are experiencing homelessness and this trauma can affect a person's current functioning.

Sample questions:

- *Was there ever a time in the past or recently when something really bad or very upsetting happened to you? You don't need to give me any details. Does it still bother you?*
- *Do you feel safe or are you generally afraid? Of anyone or anything in particular?*
- *As a child or teenager, were you ever physically, emotionally, or sexually abused?*

E. Education

Educational history can provide clues to a person's past and present functioning. It is helpful to understand how a person learns and processes information and whether the person received services in the school setting for intellectual or behavioral issues. A lack of cognitive and behavioral development will influence a person's ability to learn new work skills.

Sample questions:

- *Where did you go to school growing up? Did you receive your high school diploma or GED?*
- *Did you repeat any grades? If so, which one(s) and why?*
- *What made you decide to leave school? What was going on then?*
- *How would you say your general behaviors in school were? Did you have friends or get along with any teachers? Did you not get along with anyone?*
- *What subjects in school did you like or did not like, and why?*

F. Legal History¹

Contact with the criminal justice system can reveal information about how mental health symptoms may impair day-to-day functioning. If there have been arrests, find out what happened and the result for each incident, including any information linked to the applicant’s symptoms. Be sure to request medical records from the jail or prison, as they can be helpful for illustrating periods of sobriety when mental health symptoms are still present.

Sample questions:

- *Do you have any criminal history? If you’re comfortable, can you tell me about it?*
- *Do you have any charges pending/waiting? What are they? Any court dates scheduled?*
- *Do you know of any outstanding warrants against you?*
- *Are you on parole or probation now? Are you having any difficulties meeting the conditions?*

Section III: Occupational History

A. Employment History

DDS is interested in work over the past 15 years, and details of each job experience. If the person does not have a lengthy work history, learn as much as possible about any employment they had. **NOTE:** SSA can provide a report of the person’s earnings if requested. Contacting former employers, with the applicant’s permission, may also provide useful evidence.

Sample questions for each job (including any supported employment):

- *When did you work there? What did you do?*
- *How long did you work there?*
- *What did you like about working there? Dislike?*
- *What were your relationships like with your coworkers?*
- *Did you have any problems at the job with completing tasks or working with others?*
- *What made you leave the position?*

B. Military Service History

Military service can provide clues to how the individual responded to a structured environment, including orders and instructions, stress, and interpersonal relationships with peers and authority figures. It can also be a source of medical records, periods of sobriety, and information about post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) symptoms.

Sample questions:

- *Were you ever in the military? What branch of service were you in and what made you decide to join?*
- *What did you do? Did you get any special training while in the military?*
- *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?*
- *Were you exposed to blasts, Improvised Explosive Devices (IEDs), or did you ever lose consciousness?*
- *Did you experience anything in the military that you still think about or that bothers you?*

¹ Having a past history of offenses, incarceration, or probation will not interfere with eligibility. If the applicant has an outstanding felony warrant for flight or escape, this may interfere with eligibility for benefits; however, other warrants, including those for parole and probation violation, do not affect eligibility.

Section IV: Substance Use

The purpose of asking these questions is to help you—and DDS—determine if the substance use is “material” to disability. To do so, you must understand the meaning of the person’s substance use and its relevance to other diagnoses. You will need to be able to show that the person’s illness and resulting functional impairment would still be present even in the absence of substance use. The person does not have to be sober at the time of the application to make this determination.

Sample questions:

- *Do you drink alcohol? On a daily or weekly basis, how many drinks do you have?*
- *Do you use any drugs (e.g., THC, prescription drugs, methamphetamines)? Was your use daily or weekly? How often and how did you administer your drug use? Needle, snorting, smoking?*
- *Help me understand why you use alcohol or drugs?*
- *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?*
- *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 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?*

Section V: Physical Health

It is important to find out about any illnesses or injuries that could result in ongoing impairment. Applicants may be found eligible based on a combination of illnesses, so it is important to be comprehensive.

Sample questions:

- *Are you currently being treated for any physical health problems? What are they?*
- *Have you ever been hospitalized for any physical health problems? Where? When? For how long? What happened?*
- *Have you ever fallen, been hit, been in a fight, or been in an accident where you were knocked out? What happened? Did you go to a doctor or hospital?*
- *Do you have any dizziness, headaches, difficulty paying attention, confusion? Have you had treatment for any of these?*
- *Have you ever had any surgery? What was the result?*
- *Have you noticed anything about your health that concerns you?*
- *Do you have any problems with walking/standing/sitting? How long/how far can you walk continuously in one stretch without stopping to rest?*
 - *How long can you stand continuously in one stretch of time?*
 - *What happens if you try to sit too long?*

Section VI: Psychiatric History and Treatment

Inquiries about past or current psychiatric symptoms and treatment must be done with sensitivity. Avoid using jargon. Elicit as much detail as possible about what happened and what the person experienced. Determine (as best as possible) the chronological occurrence of symptoms and treatment.

A. Symptoms

DDS uses information about how the person experiences symptoms of their mental illness as part of the medical criteria for disability. Obtaining information about symptoms in the applicant's own words can be powerful information for DDS.

Sample questions:

- *Are you diagnosed with any mental health disorders (e.g., depression, PTSD, anxiety)?*
- *Describe how you feel day-to-day. Are some days better or worse than others?*
- *When you experience [depression, anxiety, a panic attack, etc.], tell me how that feels.*
- *When did you first notice these difficulties?*
- *When you started experiencing these problems/difficulties, what did you do?*
- *What have you tried on your own to feel better?*
- *What things make you feel worse?*
- *Did anyone help you with managing these difficult experiences?*
- *As time went on, what happened? Did these experiences get worse? Better?*

Orientation

- Ask the person the place, year, month, date, and 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/Anxiety

- *How do you sleep at night? If you don't sleep well, what happens?*
- *Have you noticed a change (increase or decrease) in appetite? If the individual doesn't eat, is it because of access to food or appetite changes?*
- *Rate the individual's mood: On a scale from 1 to 10 where 1 is very sad and 10 is very happy, what would you say you feel most of the time?*
- *Does your mood change a lot? Do friends or family members tell you that your moods seem to change quickly and unpredictably?*
- *Do you have thoughts of hurting yourself or hurting others?*
- *Do you ever notice yourself feeling very nervous with shaking hands, racing heart, sweaty palms, and a general unsettled feeling? When does this happen?*
- *Give me some examples of things or activities that you find stressful or that bring on a panic attack.*
- *Do you ever feel anxious for no apparent reason?*

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 belongings 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?*
- *Do you ever find it difficult to think clearly or to organize your thoughts?*
- *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/Paranoia

- *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?*
- *Do you ever feel that people are talking about you behind your back?*
- *Do you ever feel that someone is watching you?*

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 sometimes find that you get very angry over nothing?*
- *When someone makes you very angry, what do you do? How do you handle that?*

B. Psychiatric Treatment History

Explore all treatment sources and gather as much specific information as possible. If someone does not remember where they have been treated, you may need to offer a list of commonly used facilities to jog their memory. You can also ask about what town that they were in, the street it was on, the color of the building, etc. Use other sources: friends, family, other service providers, the internet, etc. Gather information about:

- Emergency room visits
- Past psychiatric hospitalizations
- Outpatient services: current counselor, therapist, or psychiatrist
- Supportive services: case management
- Medications: past and present, side effects
- Treatment during incarceration

Sample questions:

- *What kinds of treatment or services have you received for managing these difficulties?*
- *What has been most helpful? Least helpful?*
- *Were you ever hospitalized for your nerves or difficult feelings? What happened?*
- *Did you ever experience these problems in jail? What help did you receive?*

When writing the MSR, this section will contain brief summaries of the applicant's diagnosis and treatment at each source. Information gathered in the interview will help locate all available medical sources.

Section VII: Functional Information

Descriptions of how a person functions in each of DDS’s four main areas of functioning for mental impairments can help make the link between the person’s diagnosis and his/her ability to work. To be eligible for SSI/SSDI, the applicant must show “marked impairment” in at least two of the four functional areas listed below or extreme limitation in one area. It is essential to clearly and specifically describe how the person functions in all four areas. Activities of Daily Living (ADLs) are a source of information about all four of the functional areas. The principle is that any given activity, including an ADL task, may involve the simultaneous use of multiple areas of mental functioning. Below are some sample questions that you may want to use when gathering this information.

A. Functional Area I—Understand, Remember, or Apply Information

Remember Information:

- *Do you notice any changes in your memory? Do you find it easier to remember things from the past or things that happened recently? What do you notice that is different about your memory? When do you notice this? Can you give me a specific example?*
- *When someone gives you directions or instructions, are you able to remember them? Do you use any techniques to help remember things?*
- *How often do you have difficulty remembering something, such as a person’s name, an appointment time, or instructions?*
- *Was there ever a time that you forgot something that was really important? If so, what happened?*
- *When you are having difficulty, how much effort do you have to put into remembering?*
- *Are there any activities that you cannot do because of a problem with your memory or because you have trouble understanding the instructions?*
- *Do you take your medicine at the time that you are supposed to? Do you forget to take your medicine? How do you respond when you don’t take your medicine?*

Understand and Apply Information:

- *Do you have difficulty learning a new task, for example, learning how to get to a new place? Can you tell me about a time that happened?*
- *If you aren’t sure of how to do something, what do you do?*
- *When someone gives you more than three instructions on how to do a task, do you experience any difficulty in remembering the order of steps?*
- *When you begin to work on a task and something goes wrong, how do you correct it?*
- *Have you ever followed a recipe? Tell me about your experience with that.*
- *If the applicant has a work history: When you start a new job and are learning what to do, how quickly do you catch on?*
- *When someone asks you a question and you don’t know the answer, what do you do?*

B. Functional Area II—Interact with Others

Interacting with Others in the Community:

- *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?*
- *Describe any difficulties you have with traveling outside the house.*
- *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?*
- *What do you do when you have general disagreements with others?*
- *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 with best? Who gives you the most difficulty?*

Interacting with others in work settings:

- *When you worked before, how did you get along with your supervisor? Your coworkers? If the applicant has never worked before, continue to ask the following questions related to the applicant's experience in the community or at school (if the applicant is a young adult)*
- *When someone corrects you or tells you that you could have done something better, how do you respond?*
- *If you don't know how to do a task, at work or in general, what do you do?*
- *Have you ever disagreed with a rule at work or in the community? How did you handle that?*
- *Do you work better with a group of people or by yourself?*

C. Functional Area III—Concentrate, Persist, or Maintain Pace (as it relates to the ability to complete tasks in a timely manner)

- *Have you noticed any changes in your ability to concentrate? If so, what have you noticed?*
- *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?*
- *When you work around others, do you find it difficult to complete your tasks or block out the noise and other distractions?*
- *Have you had any times in the past when you got into trouble at work due to talking too much with others or not staying on task?*
- *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?*
- *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.*
- *Ask the person to follow a three-step instruction: Take this paper, fold it in half, and please return it to me.*

D. Functional Area IV – Adapt or Manage Oneself

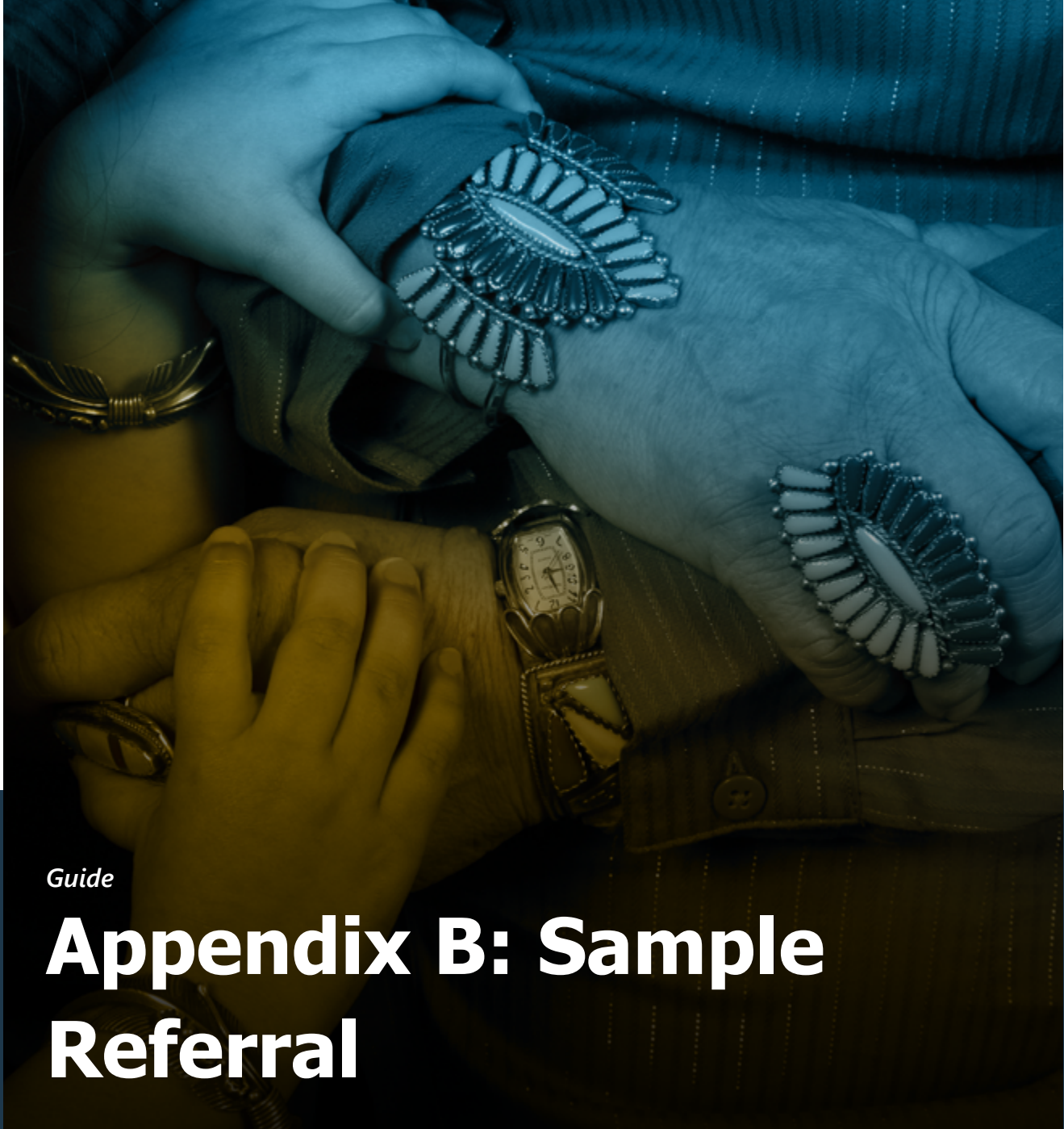
Managing Daily Activities

- *How do you spend your days? What time do you get up in the morning and go to sleep? How do you sleep?*
- *How many meals do you usually have in a day? What times? What do you eat? If you don't eat regularly, how come?*
- *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?*
- *What do you know how to cook? When was the last time you were able to cook? What are your favorite foods to prepare?*

- *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? (You want to distinguish between access and ability)*
- *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?*
- *Are you able to do your own laundry? How often do you usually do it? If not: How come? Who does your laundry?*
- *How do you usually get to places? Walk? Drive? Use public transportation? How does that work for you?*
- *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 money? Do you spend it right away or are you able to make it last?*

Adapting to Change/Challenges

- *When a major change or event happens in your life, how do you respond?*
- *When a supervisor changes your tasks or expectations, how do you handle it?*
- *If this applies: How do you handle times when you have physical pain while at work?*
- *If this applies: You mentioned times when you feel [insert symptoms the applicant has discussed such as depressed or anxious]. Does that ever happen at work? How do you handle it?*
- *Tell me about some short-term goals you have for yourself, then some long-term goals.*



Guide

Appendix B: Sample Referral



Sample SOAR Referral Application

Please complete in full and fax to: [Contact Name] at [Fax #]

Candidate name: _____

Date of referral: _____

Referring agency: _____

Person making referral: _____

Staff contact number: _____

Email address: _____

Candidate Identifying Information:

Date of birth: _____ Gender: _____ Pronouns: _____ Race: _____

(must be within 30 days of 18 years of age, or within 180 days if exiting foster care)

SSN: _____ Education (last grade completed): _____ Marital status: _____

Tribal affiliation: _____

Current living arrangement (unsheltered, mailing address or PO box, shelter, area of town, etc.):

Employment status: _____

Veteran? _____

Emergency contact name and number:

Part A: Homelessness/At-Risk Assessment

Where is the candidate currently living? *Check the appropriate selection*

Currently Experiencing Homelessness	"X"
Outdoors	
Shelter	
Transitional Housing	

At-Risk for Homelessness	"X"
Doubled up/couch-surfing	
Living with someone else	
Received eviction notice or has substantial arrears in rent/utilities	
Permanent supportive housing that is grant funded (Housing First placements, HUD Housing, Section 8, housing paid for/supported by an agency)	
Exiting foster care or independent living program	
Institution—hospital, nursing home, etc.	
Exiting jail or prison	

If currently experiencing homelessness, how long has the candidate been homeless: _____ Years and/or _____ **Months**

Is the candidate in an institution or incarcerated? _____ **Yes** _____ **No**

 If yes, are they expected to be released within 30 days? _____ **Yes** _____ **No**

 Were they experiencing homelessness before entering the facility? _____ **Yes** _____ **No**

Has the candidate had difficulty maintaining housing? _____ **Yes** _____ **No**

 If yes, please describe (e.g., struggles to maintain employment, insufficient credit, criminal charges, prior eviction history):

Part B: Current Application for SSA Benefits or Pending Appeal

Has the candidate recently applied for Social Security benefits? _____ **Yes** _____ **No**

 If yes, date of application: _____ Decision on application: _____ **Pending** _____ **Denied**

 If denied, did the candidate appeal? _____ **Yes** _____ **No**

 If yes, are they waiting on a decision? _____ **Yes** _____ **No**

 Are they working with a lawyer? _____ **Yes** _____ **No**

Part C: Diagnostic Assessment

Please list all mental and physical health diagnoses:

Where has the candidate been treated for these conditions?

Current medications and prescribing physician/agency:

Does the candidate have a current or prior history of substance use? _____ **Yes** _____ **No**

If yes, please describe:

Prior or current substance use is not a disqualifying factor for SOAR

Last substance(s) used: _____ Last known date of use: _____

Part D: Narrative Questions for SOAR Eligibility

Ask these questions to the candidate and record answers

1. Can you tell me about why you are looking to apply for Social Security benefits?

2. When was the last time you were able to work? Why did you leave that position? Can you tell me about any times you have tried to work in the past couple of years?
(If candidate is currently working): Tell me about your job: How many hours per week do you work? How much do you earn each month? Is there anything you struggle with while on the job or find difficult about your work?

3. Tell me about any ways that your conditions make things difficult for you on a daily basis: Do you notice any difficulties with day-to-day activities? Do you have trouble getting along with others or feeling like you want to avoid people? Have you noticed any changes in your memory?

Summary and Next Steps

To assess SOAR eligibility we are looking for basic information on:

- The presence of medical and/or psychiatric conditions or symptoms which would fit an SSA listing
- Current treatment, or a history of treatment for conditions
- Inability to work and earn substantial gainful activity (SGA) (\$1,310/month in 2021) due to medical and/or psychiatric conditions (not because they can not find work or were laid off)
- Impairments in functioning due to medical and/or psychiatric conditions

SOAR specialists will contact the candidate to follow up on information provided on this form. A full intake assessment may be required to gather additional supporting evidence to determine if we can assist the candidate with a SOAR application.