A client was referred to the PATH program by our local Domestic Violence Shelter program. We completed an assessment of needs and identified the client had applied for SSI/SSDI benefits two weeks before our meeting. A SOAR representative form (SSA-1696) and function report were completed and taken to the local SSA-office. We were contacted by the SSA representative and a determination was made. Based on the information on the Function report, the client was ‘awarded’ her claim with back pay. The SSA rep stated on the call that the careful documentation on the report helped to make the case a success.

The Illinois SOAR team is hosting a discussion online on January 18, 2013 at 2 pm regarding SOAR implementation. You will get a chance to:

*Ask questions and clarify areas of concern or confusion about SOAR
*Share information with other trainees
*Learn successful tools for effective implementation of the SOAR process

This Q&A webinar is only available to graduates of the SOAR training in 2012. Email Beth Orchard for registration information.

SAMHSA has convened a SOAR State and Local Lead Advisory Group to provide SAMSHA and the SOAR Technical Assistance Center with feedback and guidance on the technical assistance needs of states and localities that are trying to implement and sustain SOAR. The calls will be used as a forum to discuss ideas, share useful tools and strategies, and identify common issues that might be addressed through technical assistance or communication at a higher level.

The first call was held in December. Issues raised included working with DDS; working with SSA when the agency is under funding limitations; establishing a uniform SOAR process across all states; sustaining SOAR efforts statewide and locally; connecting SOAR to housing and housing resources; mentoring SOAR trainees to ensure that they are able to do applications; working with the VA. Sue Augustus is representing Illinois on the calls, which will be held every other month.
**Meet a Trainer: Julie Nelson**

*Julie Nelson: Heartland Health Outreach*

Heartland Health Outreach works to improve the health of vulnerable individuals and communities lacking access to health care. This is done through the provision of culturally competent, multidisciplinary services designed to prevent illness and improve physical, mental and social well-being. I manage daily operations for the health care for the homeless outreach program and the benefits and entitlements program. Prior to joining Heartland Health Outreach, I coordinated health education and medical services for Deborah’s Place, an organization providing services to women experiencing homelessness in Chicago.

I became a SOAR trainer in 2008. I was interested in learning more about the disability process to assist participants and educate colleagues to be better, more informed advocates. After learning about the SOAR model and using it in practice at Heartland Health Outreach over the last several years, I continue to support SOAR because the benefits team at Heartland Health Outreach shows SOAR is a proven, workable model for assisting homeless individuals with disabilities navigate the benefits process.

---

**SOAR Q&A**

**Q:** What is the difference between the Disability Report and the Medical Summary Report (MSR)?

**A:** The MSR is its own document summarizing information over multiple reports. The Disability Report focuses on gathering only medical information. Click [here](#) for more info on the MSR.

**Q:** I am helping a client apply for benefits using SOAR. Where can I get a copy of the work flow sheet?

**A:** The work flow sheet is very important and outlines, step-by-step, the SOAR process for an application. It can be found on the SOAR website [here](#). Contact Beth Orchard with any questions.

---

**News You Can Use**

**Compassionate Allowances**

The number of Compassionate Allowances reached 200 in 2012. These conditions involve cancers and neurological and other rare diseases affecting adults and children. Compassionate Allowances are a way to quickly identify diseases and other medical conditions that, by definition, meet Social Security’s standards for disability benefits and fast-tracks decisions to ensure prompt receipt of benefits.

---

**Making the Connection**

**SSI & Medicaid Question**

**Q:** I’m helping some individuals with developmental disabilities who are collecting SS benefits from deceased parents. They are not Medicaid eligible because their income is too high. Should they apply for their own SSDI benefits?

**A:** Depends if they have worked and paid SS tax on wages for a period of time (depending on their age). If this person received SSI before age 22, they converted to benefits based on their parent’s work record later, they retain rights to Medicaid with no spenddown, assuming resources are under $2,000. Click [here](#) for information on the state policy. An example of this is if the client began receiving SSI at age 19. The client is now 35 and his parents are retired, so he’s eligible to receive SSDI as a disabled adult child. The $1,100/month benefit terminates his SSI. He is informed of a spenddown due to increased income. He should appeal based on policy PM 06-06-01 requiring IDHS to continue benefits for the client as an AABD zero grant case.

---

*Share your client’s success story! Contact Beth Orchard so we can print it in the next newsletter.*