



SOAR Process

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SOAR Social Security Administration (SSA) Referral and Application Process

1. The SOAR Service Provider identifies an individual as a potential SSI/SSDI applicant.
2. The SOAR Service Provider will:
 - Have the potential applicant complete and sign a “SOAR Project Consent for Release of Information” (see attached).
 - Fax the completed/signed Consent for Release of Information to the designated SSA office contact person.
3. The local SSA office contact person will:
 - Determine if the applicant has an application/appeal pending/suspended record or is currently receiving SSI/SSDI benefits.
 - Annotate the applicant’s SSA status and fax the “SOAR Consent” back to the SOAR Service Provider within 2 business days.
 - If there is no application/appeal pending/suspended record, the SSA local contact will treat the SOAR Consent as intent to file a claim and protect the filing date by establishing a LEAD in SSA’s system. The date of the faxed form will be considered the protective filing date for the application. In addition, the faxed form will be the Service Provider’s receipt for the establishment of the protective filing date. If a record is in suspense, the Service Provider will need to contact SSA for a reinstatement.
4. In preparation for the submission of the entire application packet to SSA, the SOAR Service Provider will:
 - Collect all necessary information for the application, including the i3368 so as to begin to develop the claim.
 - Collect all possible medical records for submission.
 - Review the records for any missing information or the need for further explanation.
 - Review the list of documentation that must be submitted and begin to prepare for that submission.
5. Within a maximum of 60 days of the protective filing date, the SOAR Service Provider will submit the following to **the local SSA office contact**. (NOTE: The on-line forms are completed and submitted at the same time the paperwork is turned into SSA). It is **strongly recommended** that the SOAR Service Provider hand-deliver this paperwork to the local SSA contact rather than mailing it so as to expedite the process.

INITIAL CLAIMS:

- A completed SOAR Checklist (see attached).
- A completed SSA-8000, SSI application, along with any needed supportive documentation. Any questions that the SOAR SP has regarding the completion of the 8000 should be asked of the local SSA contact as the application is being completed.
- Submission of the Internet Social Security Claim (iClaim), which is the on-line SSDI application. The iClaim is only considered to be complete when the applicant is present to click and sign. The Service Provider can assist applicants in the completion of the iClaim, but the applicant must electronically sign it. If access to the internet is unavailable, SOAR Service Provider may file as a third party applicant, but the paper claim will then be sent to the applicant for signature. It is much better if the SSDI claim is filed on line as doing so makes the application process much more effective. SOAR assumes that applicants will generally file

- for both SSI and SSDI unless advised otherwise by SSA. Electronic filing of the iClaim is absolutely the preferred method.
- The Internet Disability Report (IDR), i3368. If access to the internet is unavailable, SOAR Service Provider may complete and submit the paper SSA 3368 Adult Disability Report. However, the completion of the i3368 on-line is absolutely recommended. If the paper 3368 is completed, the SOAR Service Provider also needs to complete the SSA-3369 Work History Report. If the Internet Disability Report (IDR), i3368, is completed, the SSA-3369 does NOT need to be done.
 - Printed/signed/witnessed SSA-827s, SSA Releases of Information.
 - The completed SSA-1696 Appointment of Representative form.
 - If applicant is HIV+, the SSA 4814.
 - SSA-3373 (if the individual is homeless AND the Service Provider is not submitting a SOAR-recommended medical summary report that incorporates functional information per the SOAR training, this form must be completed as part of the packet. With the SOAR-recommended medical summary report, this form is not necessary.)
6. At the same time that the above application information is submitted, the SOAR Service Provider will also submit:
 - Any medical records that the SOAR Service Provider has from his/her own agency.
 - Any medical records that the SOAR Service Provider collects from other agencies/medical providers according to the SOAR training.
 - Any collateral or other relevant information.
 - The written and co-signed medical summary report in accordance with the SOAR training and process.
 7. From the protective filing date to the submission of the above information, the SOAR Service Provider will consult with the SSA representative and the DDS contact with any questions. After submission of all the materials, the SOAR Service Provider will maintain at least bi-weekly contact with the assigned DDS examiner to ensure rapid response as needed to any additional questions or requests for information.
 8. After receipt of the claim package, SSA enters the SSA-8000 in MSSICS along with the forms from the checklist, and propagates the IDR in EDCS. If a Title II claims is filed, SSA will propagate the iClaim info into MCS and process the claim. SSA will call the SOAR Service Provider with any questions. [Note: The acronyms in this section are SSA specific for SSA's computer system. Service providers need not be concerned with these].
 9. SSA mails the claim receipt to the SOAR Service Provider liaison who has submitted the SSA-1696.
 10. The SSA representative enters an electronic "HOMELESS" Flag. In addition, the SSA representative selects MESSAGE, and adds "SOAR PROJECT." Both actions must be taken to properly flag and alert DDS. The SSA-827s are mailed to DDS. (For appeals, the folder is sent to either DDS or ODAR, whichever is applicable.)
 11. Upon receipt in the DDS, flagged claims will be sent to the DDS liaison identified for the assignment of the application to an examiner. The DDS liaison will notify the Service Provider liaison that the case has been assigned to an examiner at the DDS and will provide the examiner's contact information. The SOAR Service Provider is encouraged to contact the claims examiner

early in the process to identify him/herself and offer assistance. The claims examiners will contact the SOAR Service Provider if assistance or additional information is needed to develop the claim.

12. Decisions from DDS and ODAR are processed using current procedures.

Field Office Homeless Case Handling	
1. ALL Disability cases - T2, T16, Concurrent AND 2. Person alleges <u>homelessness</u> - lives in a shelter, a vehicle, or on the streets	
Identify Homeless Cases	<ul style="list-style-type: none">• Place "HOM" in the last three digits of the unit code• Add the "Homeless" case flag in EDCS• For SOAR cases, add "SOAR Project" Message in EDCS
Develop According to Policy	<ul style="list-style-type: none">• Use Simultaneous Development• Complete the entire SSA-3369 (Work History Report) in EDCS• Complete an SSA-3373 (Function Report - Adult) in eForms and post to the EF• Fax all evidence, even if over 15 pages, to the EF

SOAR CHECKLIST

DATE: _____ FIELD OFFICE CODE: _____

CLAIMANT'S NAME: _____ SSN: _____

☐ Initial Claim

- ☐ SSA 8000 Application for Supplemental Security Income (paper form)
- ☐ Internet Social Security Benefits Application (iClaim), the Internet SSDI application (or SSA-16 if a paper application is submitted) – Submitted on _____
- ☐ Internet Disability Report i3368 -- ADULT – Submitted on _____
- ☐ SSA-3369 Work History Report.
- ☐ SSA 3373 Function Report – Adult (only if homeless) (This form is needed **only if** a medical summary report according to the SOAR training is **NOT** submitted.
- ☐ SSA 1696 Appointment of Representative
- ☐ SSA 827 Authorization to Disclose Information to SSA
- ☐ SSA 4814 Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection, if applicable

☐ Data Entry

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



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

Consent for Release of Information

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

TO: Social Security Administration fax _____ Local SSA Office _____

Customer's Name _____

Date of Birth _____ Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

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

___ Terminated Record Date Terminated _____
MMDDYY

___ Record in Suspense Effective Date of Suspension _____
MMDDYY

___ Birth record previously verified by SSA (please check if applicable)

Current Claim Status

___ **SSI Claim Pending:**

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

___ **SSDI Claim Pending:**

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

___ **SSI Claim Denied:**

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

___ **SSDI Claim Denied:**

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

(Circle One)

Denial Reason: Medical Non-Medical
Other _____

Denial Reason: Medical Non-Medical
Other _____

Allowance

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

SSA Claims Information was provided by: _____
(SSA Liaison)

Date of Response _____ Protective Filing Date _____

Telephone Number: _____ SSA Field Office Code: _____

Service Provider _____
Name of Staff (Please Print) Agency Name

Customer's Name _____

Date of Birth _____ Social Security Number _____

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

(Service Provider) (Fax #)

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

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

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

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

Date: _____

Witness #1

(Print Name)

(Signature)

(Address)

(City, State, and Zip code)

Witness #2

(Print Name)

(Signature)

(Address)

(City, State, and Zip code)