



Georgia Department of Behavioral Health & Developmental Disabilities
Frank E. Shelp, M.D., M.P.H., Commissioner

Division of Mental Health

Two Peachtree Street, NW • Suite 23.415 • Atlanta, Georgia, 30303-3142 • 404-657-2273

TRAINING ANNOUNCEMENT

Date/Time:

May 10 & 11, 2012

8:30am – 4:30pm

Location:

Atlanta, GA

Location TBA when
application accepted.

Audience:

Social Workers, Case Managers, Outreach
Workers, Benefits Specialists, and Certified
Peer Specialists

Registration Deadline:
May 2, 2012

**ASSISTING PEOPLE APPLYING FOR
SSI/SSDI DISABILITY BENEFITS**

About this training:

This two-day SSI/SSDI Outreach, Access, and Recovery (SOAR) Training is for case managers assisting adults who are homeless with their Social Security Disability and Supplemental Security Income Applications.

See attached flier for more details.

Presenters:

Elizabeth Danley, MSW and Rachel Quasebarth. Ms. Danley and Ms. Quasebarth are Benefits Specialists with First Step.

Cost:

This training is free to Georgia residents. Hotel, meals, and transportation costs are the responsibility of the participant.

Registration Instructions:

Please complete and return the attached registration form to Liz Danley by May 2, 2012, via Fax (404) 996-1317, Attention: Liz or e-mail to soar@first-step.us

CEUs:

Application submitted to the School of Social Work at UGA for CEUs

Special Note about Distribution:

We need your help in reaching our audience!

Please distribute this announcement with the attached flier and registration form to others who need to attend.

**If you have any questions, call
Liz Danley at
(404) 577-3395 ext. 311 or e-mail at
soar@first-step.us**



SOAR Training

SSI/SSDI Outreach, Access, and Recovery

First Step Benefits

Save the Date! May 10th and 11th

Assisting People Applying for SSI/SSDI Disability Benefits

Workshop Highlights

- An in-depth, step-by-step explanation of the SSI/SSDI application and disability determination process
- Strategies for working with homeless persons with serious mental illness and co-occurring disorders – only a fraction of this population receives the benefits to which they are entitled
- Exercises and worksheets provide practical application tools
- Release-of-information samples, sample reports, letters, assessment forms, SSA forms with explanations

Featured Trainers

Elizabeth Danley, MSW
Benefits Specialist
First Step

Rachel Quasebarth
Benefits Specialist
First Step

Workshop Location

Atlanta, GA
Location TBA when application accepted.

How is this model different?

- Case managers actively assist applicants
- Focuses on the initial application – “Get it right the first time!”
- Avoids appeals whenever possible
- Focuses on documenting the disability to reduce the need for consultative exams
- Leads to savings – the San Francisco Department of Public Health estimates that their SSI outreach project saves the city \$27 million annually in recouped Medicaid and state-funded General Assistance alone

Registration

Please complete attached registration form. Conference is free to (your State) residents. Hotel, meals, and transportation costs are the responsibility of the participant.

Assisting People Applying for SSI/SSDI Disability Benefits

Registration Form

May 10 - 11, 2012

Atlanta, GA

Location TBA when application accepted.

**This completed registration form must be returned by
Wednesday, May 2, 2012**

One registration per person

Registrant Information:

First Name: _____ Last Name: _____

Title: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Please indicate if you need special accommodations (ADA) _____

If you have any questions, call Elizabeth Danley at # (404) 577-3395, ext.311
or e-mail at soar@first-step.us

**Return this registration form by May 2, 2012,
via Fax (404) 996-1317, Attention: Liz
or e-mail to soar@first-step.us**

Thank you for applying for SOAR Training. SOAR is a powerful tool to advocate for Social Security Disability income (SSI/SSDI) for your clients. Using the model, SOAR Specialists succeed in getting benefits for their clients over 70% of the time. However, it is a time-intensive process and that needs to be considered by you and your organization before you are accepted to the program.

The program consists of the 2-day training, a commitment of a) filing at least one case in the three months following the training (20 – 40 hours), b) sharing data with the SOAR Project Coordinator, and 3) a monthly 30-minute conference call to enable you to tap into a network of experts from all over Georgia. Partners from Social Security and Disability Adjudication Services are also on the call so it is a great opportunity to exchange information.

Please read the following agreement and, once you have the appropriate signatures, fax it back to us at 404.996.1317, attention Liz Danley. If you have any questions, you can reach Liz at 404.577.3395, ext. 311.

We look forward to working with you to help clients achieve their goals.

SOAR TRAINING AGREEMENT

(please complete both sections below)

I, _____, agree to the following:

(Print Trainee's Name)

1. I agree to participate in and complete the SOAR 2-day training program
2. I agree to represent at least one client in the three months following the training
3. I agree to report my results to the SOAR Project Coordinator

(Signature of Trainee)

(Date)

I, _____, agree to the following

(Print Name of Agency Executive Director or Authorized Designee)

1. I understand what SOAR requires and am willing to support my staff to engage in this effort (approximately 20 – 40 hours per SSI claim filed as well as a 30 minute conference call monthly)
2. I agree to allow the trainee the time necessary to develop an expertise in representing clients for disability benefits
3. I will designate a person in my agency who will be responsible for reporting SOAR data and agree to share the basic data pertaining to SOAR cases (# of cases, # of decisions, # approved, # denied, average time to decision)

(Signature of Executive Director or Authorized Designee)

(Print Name and Email Address of Agency Liaison Responsible for Reporting SOAR Data)

(Date)