



**Georgia Department of Behavioral Health & Developmental Disabilities**  
*Frank W. Berry, Commissioner*

**Division of Mental Health**

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

**TRAINING ANNOUNCEMENT**

**Date/Time:**

**January 30 & 31, 2013**

**8:30am – 5:00pm**

**Location:**

**Rome, GA**

**Highland Rivers**

6 Mathis Drive  
Rome, Georgia 30165

**Audience:**

DBHDD State/Regional Office staff, DBHDD Hospital staff, DBHDD contracted provider agencies, and DOC staff and their contracted providers. This training is most beneficial for Social Workers, Case Managers, Outreach Workers, Benefits Specialists, and Certified Peer Specialists.

**Registration Deadline:**  
**Jan. 28, 2013**

Space is limited to 32.

**If you have any questions, call**  
Regina Ginyard (404) 232-1175  
or e-mail at  
[DBHDD\\_Learning@dhr.state.ga.us](mailto:DBHDD_Learning@dhr.state.ga.us)

**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 and the application form.**

**Presenters:**

Darren Willis, DBHDD

**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 to Regina Ginyard by Jan 28<sup>th</sup>, via Fax (404) 463-4186, Attention: Regina or e-mail to [DBHDD\\_Learning@dhr.state.ga.us](mailto:DBHDD_Learning@dhr.state.ga.us) (there is an underscore after "DBHDD").

**CEUs:**

CEU application submitted to the National Association of Social Workers.

**Special Note about Distribution:**

We need your help in reaching our audience!

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



# SOAR Training

SSI/SSDI Outreach, Access, and Recovery

Department of Behavioral Health and  
Developmental Disabilities



*Save the Date!* January 30 & 31, 2013

## 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

Darren Willis  
Budget & Medicaid Compliance Manager  
DBHDD

### Workshop Location

**Rome, GA**

**Highland Rivers**  
6 Mathis Drive  
Rome, Georgia 30165

### 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

### Application

Please complete attached application form. This training is free for Georgia residents. Hotel, meals, and transportation costs are the responsibility of the participant.

# Assisting People Applying for SSI/SSDI Disability Benefits

## Application Form

January 30 & 31, 2013

Rome, GA  
Highland Rivers  
6 Mathis Drive  
Rome, Georgia 30165

**This completed application form must be returned by  
Monday, January 28, 2013**

One application per person

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Department: ☐ DBHDD ☐ DOC

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate if you need special accommodations (ADA) \_\_\_\_\_

If you have any questions, call Regina Ginyard at (404) 232-1175  
or e-mail at [DBHDD\\_Learning@dhr.state.ga.us](mailto:DBHDD_Learning@dhr.state.ga.us) (underscore after "DBHDD").

Please complete and return the attached registration to  
Regina Ginyard by Jan. 28<sup>th</sup> via  
Fax (404) 463-4186, Attention: Regina or e-mail to  
[DBHDD\\_Learning@dhr.state.ga.us](mailto:DBHDD_Learning@dhr.state.ga.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) 463-4186, attention Regina. If you have any questions, you can call (404) 232-1175. 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

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**(SIGNATURE OF TRAINEE)**

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**(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)

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**(SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED DESIGNEE)**

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**(PRINT NAME AND EMAIL ADDRESS OF AGENCY LIAISON RESPONSIBLE FOR REPORTING SOAR DATA)**

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**(DATE)**