



**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 17 & 18, 2013**

8:30am – 5:00pm

**Location:**

**Atlanta, GA**

Location TBA when your application is accepted.

**Audience:**

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

**Registration Deadline:  
January 11, 2013**

**Space is limited to 30 slots.**

**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:**

Ed Moore and Rachel Quasebarth. Mr. Moore 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 to Regina Ginyard by Jan. 11, 2013, 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.

**If you have any questions, call**  
Regina Ginyard at  
[DBHDD\\_Learning@dhr.state.ga.us](mailto:DBHDD_Learning@dhr.state.ga.us)

**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.



# SOAR Training

SSI/SSDI Outreach, Access, and Recovery

First Step Benefits

*Save the Date!* January 17 & 18, 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

Ed Moore  
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

### Application

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

# Assisting People Applying for SSI/SSDI Disability Benefits

## Application Form

January 17 & 18, 2013

Atlanta, GA

Location TBA when application accepted.

**This completed application form must be returned by  
Friday, January 11, 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) \_\_\_\_\_

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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. 11, 2013 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 DATE)

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(DATE)