



**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:**

**October 31 & November 1, 2012**

8:30am – 4:30pm

**Location:**

**Georgia Regional Hospital -  
Savannah  
Assembly Room**

1915 Eisenhower Drive  
Savannah, GA 31406

**Audience:**

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

**Registration Deadline:**  
October 19, 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:**

Darren Willis, DBHDD and Monique Grier, Department of Corrections.

**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 Darren Willis by Oct. 19 2012, via Fax (770) 359-5588, Attention: Darren or e-mail to [dawillis@dhr.state.ga.us](mailto:dawillis@dhr.state.ga.us)

**CEUs:**

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

**If you have any questions, call**  
Darren Willis (404) 232-1564  
or e-mail at  
[dawillis@dhr.state.ga.us](mailto:dawillis@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

Department of Behavioral Health and  
Developmental Disabilities



*Save the Date!* October 31<sup>st</sup> and November 1<sup>st</sup>

## 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

Monique Grier  
Program Development Consultant  
Department of Corrections

### Workshop Location

Savannah, GA  
Georgia Regional Hospital – Savannah  
Assembly Room  
1915 Eisenhower Drive  
Savannah, GA 31406  
912-356-2045

### 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 (your State) residents. Hotel, meals, and transportation costs are the responsibility of the participant.

# Assisting People Applying for SSI/SSDI Disability Benefits

## Application Form

October 31- November 1, 2012

Savannah, GA  
Georgia Regional Hospital – Savannah  
Assembly Room  
1915 Eisenhower Drive  
Savannah, GA 31406  
912-356-2045

**This completed application form must be returned by  
Friday, October 19, 2012**

**One application per person**

### Applicant 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) \_\_\_\_\_

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If you have any questions, call Darren Willis (404) 232-1564, or e-mail at  
[dawillis@dhr.state.ga.us](mailto:dawillis@dhr.state.ga.us)

Please complete and return the attached registration to  
Darren Willis by Oct. 19 2012, via Fax (770) 359-5588,  
Attention: Darren or e-mail to [dawillis@dhr.state.ga.us](mailto:dawillis@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 (770) 359-5588, attention Darren Willis. If you have any questions, you can call (404) 232-1564. 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)**