



SOAR Training

SSI/SSDI Outreach, Access, and Recovery

Department of Behavioral Health and
Developmental Disabilities



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

Dates/Times and Locations

July 30 & 31, 2013 – Augusta, GA

East Central Regional Hospital
3405 Mike Padgett Highway
Augusta, GA 30906

Aug. 26 & 27, 2013 - Tucker, GA

Region 3 State Office
100 Crescent Centre Parkway, Suite 900
Tucker, Georgia 30084

October 1 & 2, 2013 – Columbus, GA

West Central Georgia Regional Hospital
3000 Schatulga Road, Building 12
Columbus, GA 31907

Time

Start 8:30 am – End 5:00 pm
Sign-in starts at 8:00 am

Application

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

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

Featured Trainers

Darren Willis

Budget & Medicaid Compliance Manager,
DBHDD

Carla Givens, LPC

Adult Mental Health Program Specialist,
DBHDD

Assisting People Applying for SSI/SSDI Disability Benefits

Application Form			
Check mark the date you will attend and return the completed application form by the deadline			
<input checked="" type="checkbox"/>	Date	Application Deadline	Location
	July 30 & 31, 2013	July 19	East Central Regional Hospital 3405 Mike Padgett Highway Augusta, GA 30906
	August 26 & 27, 2013	August 16	Region 3 State Office 100 Crescent Centre Pkwy, Ste 900 Tucker, Georgia 30084
	October 1 & 2, 2013	September 20	West Central Georgia Regional Hospital 3000 Schatulga Road, Building 12 Columbus, GA 31907

One application per person

Applicant Information:

First Name: _____ Last Name: _____

Title: _____

Organization Name: _____

Department Affiliation: ____ DBHDD ____ DOC

Street Address: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____

Please indicate if you need special accommodations (ADA) _____

If you have any questions, email Regina Ginyard at
DBHDD_Learning@dhr.state.ga.us (underscore after "DBHDD").

Please complete and return the attached registration to
Regina Ginyard fax (404) 463-4186, Attention: Regina or
e-mail to 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 or email to DBHDD_Learning@dhr.state.ga.us

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 DATE)

(DATE)