

ATTACHMENT E

**PRE-TRAINING EVALUATION FORM
FOR IN-PERSON SOAR TRAINING**



Pre-Training Evaluation Form

Stepping Stones to Recovery

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857. All aspects of your participation in this study are voluntary; you will not be penalized in any way by refusing to complete any portion of this form.

Date: _____ Location: _____

Training Team: _____

1. I learned about this training from... *Check all that apply.*

- ___ My supervisor
- ___ SOAR leader contacted me
- ___ SOAR website
- ___ Web-based SOAR training
- ___ In-person SOAR training
- ___ Other: please describe _____

2. I have support from my supervisor to participate in this training during regular work hours. *Circle one* Yes No

3. I work at an agency that is primarily a... *Circle one*

- 1. Mental health agency
- 2. Homeless service agency
- 3. SSA or DDS office
- 4. Other (please specify) _____

4. At the above agency, my current job is ... *Circle one*

- 1. Outreach worker
- 2. Case Manager
- 3. Shelter Worker
- 4. Benefits Specialist
- 5. Program Coordinator/Supervisor
- 6. Other (specify) _____

5. I have worked at this job for... *Circle one*

- 1. Less than 1 year
- 2. 1-5years
- 3. More than 5 years

6. I have experience working with clients who are homeless? *Circle one* Yes No

7. I have experience working with clients who have mental health problems. *Circle one*
Yes No

8. My position is PATH-funded? *Circle one* Yes No Don't Know

9. I have the following experience with SOAR training. *Check all that apply.*

None

I have completed some or all of the web-based SOAR training

I have participated in a two-day SOAR in-person training

I have participated in a one-day SOAR in-person training

I have participated in an abbreviated version (less than one day) of SOAR training

10. I have assisted the following number of adults with SSI or SSDI applications in the past year. *Circle one*

1. None

3. About 1 per month

5. More than 3 per month

2. Less than 1 per month

4. About 2 or 3 per month

11. The approximate proportion of adult SSI or SSDI applications I have assisted with are typically approved on initial application. *Circle one*

1. None

3. 26 - 50 percent

5. 76 - 100 percent

2. 1 - 25 percent

4. 51 - 75 percent

6. Not applicable

12. For applications I have assisted with, the approximate length of time between application and initial decision is... *Circle one*

1. 3 months or less

3. 7-12 month

5. Not applicable

2. 4-6 months

4. More than 12 months

<i>Answer the questions below to the best of your ability. The answers will be provided to you at the end of the training session.</i>	Circle One	
1. If an applicant is currently using alcohol or drugs, or has a recent history of substance use, he/she can still be eligible for SSI or SSDI.	T	F
2. If you become the applicant's representative using the SSA-1696 form during the application process, you will also become the applicant's representative payee when he/she is approved for SSI or SSDI.	T	F
3. People who try to work usually keep some of their SSI/SSDI benefits and their health insurance.	T	F
4. As a general rule, everyone is denied SSI and SSDI benefits the first time they apply.	T	F
5. A diagnosis of mental illness is not sufficient to determine disability.	T	F
6. For people with mental illness, the application should include information on all health issues.	T	F
7. To be successful with the application, the case manager must focus solely on the SSA forms.	T	F
8. For both SSI and SSDI, the date of eligibility is determined in the same way.	T	F
9. A description of functional ability can help the Disability Determination Services determine if someone is capable of engaging in substantial gainful activity.	T	F
10. A record of felony convictions makes a person ineligible for SSA benefits.	T	F

OMB Draft
February 17, 2010

ATTACHMENT F

**POST-TRAINING EVALUATION FORM
FOR IN-PERSON SOAR TRAINING**



Post-Training Evaluation Form

Stepping Stones to Recovery

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Date: _____ Location: _____

Training Team: _____

<i>Answer the questions below to the best of your ability. The answers will be provided to you at the end of the training session.</i>	Circle One	
1. If an applicant is currently using alcohol or drugs, or has a recent history of substance use, he/she can still be eligible for SSI or SSDI.	T	F
2. If you become the applicant's representative using the SSA-1696 form during the application process, you will also become the applicant's representative payee when he/she is approved for SSI or SSDI.	T	F
3. People who try to work usually keep some of their SSI/SSDI benefits and their health insurance.	T	F
4. As a general rule, everyone is denied SSI and SSDI benefits the first time they apply.	T	F
5. A diagnosis of mental illness is not sufficient to determine disability.	T	F
6. For people with mental illness, the application should include information on all health issues.	T	F
7. To be successful with the application, the case manager must focus solely on the SSA forms.	T	F
8. For both SSI and SSDI, the date of eligibility is determined in the same way.	T	F
9. A description of functional ability can help the Disability Determination Services determine if someone is capable of engaging in substantial gainful activity.	T	F
10. A record of felony convictions makes a person ineligible for SSA benefits.	T	F

OMB Draft

February 17, 2010

ATTACHMENT G

**CUSTOMER SATISFACTION SURVEY
FOR IN-PERSON SOAR TRAINING**

Satisfaction with SOAR Training [In-person]

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<i>To what extent do you agree disagree with each statement below as it relates to this training?</i>	Circle One			
	Strongly Disagree	Disagree	Agree	Strongly Agree
I. Training Evaluation Questions				
1. I have a better understanding of the differences between SS1 and SSDI including the health insurance offered and eligibility requirements.	1	2	3	4
2. I am better able to identify the non-medical criteria for SSI/SSDI eligibility.	1	2	3	4
3. I have a better understanding of the disability determination process and how to develop medical information to support a disability claim.	1	2	3	4
4. I have a clearer understanding of the role of functional information in the determination of disability.	1	2	3	4
5. I feel more equipped to thoroughly interview a client and assess his/her functioning.	1	2	3	4
6. I will be able to write a comprehensive medical summary to be submitted for disability determination.	1	2	3	4
7. Overall, I am satisfied with the information provided during the training program.	1	2	3	4
II. Questions about the Trainer and Organization of the Training				
8. The training was well-organized and flowed easily.	1	2	3	4
9. The trainer was interesting and held my attention.	1	2	3	4
10. The trainer presented the information clearly.	1	2	3	4
11. The trainer provided helpful answers to our questions.	1	2	3	4
12. The interactive role play and/or video helped me explore how I will use the information in my own work.	1	2	3	4
13. The written materials supported the presentation.	1	2	3	4
14. There was a good variety of learning methods: listening, reading, video.	1	2	3	4
15. The pace of the training program was just right - not too fast and not too slow.	1	2	3	4

16. Is there anything else you would like to tell us about the training?