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Attachment A








Screen Shots of Part I of the SAMHSA SOAR Web-Based Data Form (No Revisions)

Registration Page for New Users to the System

New users, who are caseworkers, agency directors, local or state leads need to complete and submit this registration form. Users create a username and password, select their role, location, funding source and SOAR training completed.


Register for OAT

New State, Agency & Local Lead OAT users will be approved by SAMHSA SOAR TA Center staff. New Case Workers with agencies in the current system will have immediate access to login. New State, Agency & Local Lead OAT users will receive an email confirming registration when you have been approved. If you have any questions about the registration process or this program, please contact us at soaroot@pra-inc.com or 518-439-7415 ext. 5242.


FIRST NAME	LAST NAME	
PASSWORD 	VERIFY PASSWORD	
EMAIL	PHONE	EXT
STATE Select State 		
ROLE Select Role 		
COUNTY Select County 	CITY Select City 	
AGENCY Select Agency 		
FUNDING SOURCE My position is funded by 		

SOAR training I have attended:
Please fill out any of the below that you have participated in.


2-Day Stepping Stones to Recovery training

 DATE	LOCATION City, State
--	-------------------------


4-Day Train-the-Trainer program (2006-2013)

PROGRAM
Select Program 

3-Day SOAR Leadership Academy

PROGRAM
Select Program 

The SOAR Online Course

 DATE
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Register

Demographic Information

The demographic information on each applicant is collected on this screen. Basic information including gender, age, military service, benefits received, employment status and housing status are included.

1 DEMOGRAPHICS 2 APPLICATION TYPE 3 APPLICATION DETAIL 4 DECISION 5 POST DECISION

Gender *
Select Below

Military Service *
 Yes
 No
 Don't Know

Discharge Status: *
Please select below

Was the applicant receiving county, state or other public assistance (cash or health insurance) prior to applying for SSI/SSDI? *
No
TANF
General/Public Assistance
Medicaid

Was the applicant working during the application process? *
Yes

What was the applicant's housing status at the time of the application? *
Outdoors (e.g., street, abandoned or public building)

Age *

Was the applicant receiving VA Disability Compensation at the time of the application? *
Select Below

Applicant Working Earnings per Month (in dollars) *

Length of time homeless *
Years Months

[Save & Continue](#) [Save & Exit](#) [Cancel](#)

Application Type

The second section asks about the application type. There are four types: initial, reconsideration, ALJ hearing and non-SOAR claim.

The progress bar shows five steps: 1. DEMOGRAPHICS, 2. APPLICATION TYPE (highlighted), 3. APPLICATION DETAIL, 4. DECISION, and 5. POST DECISION.

Application Type	Icon	Description	Action
Initial SOAR Application	+	Filing an initial SSI/SSDI application with SSA	Start Application
Reconsideration using SOAR	↻	Initial application was denied and you are filing a Request for Reconsideration.	Start Application
ALJ Hearing using SOAR	⚖️	Reconsideration denied (or prototype state) and you are filing a Request for ALJ Hearing.	Start Application
Non-SOAR Claim	✍️	Not a SOAR applicant and no SOAR critical components are used.	Start Application

Application Detail

The third section asks a few questions about what SOAR critical components were used while assisting with the application. Questions include the protective filing date, forms and records that are submitted, whether quality review was done, if the applications is complete, if consultative exams were ordered and if so, the total number and the application date.

1 DEMOGRAPHICS 2 APPLICATION TYPE 3 APPLICATION DETAIL 4 DECISION 5 POST DECISION

Protective filing date (initial contact with SSA) * ?

Was an SSA-1696 Appointment of Representative Form submitted? *

Yes
 No

Were medical records collected and submitted? *

Yes
 No

Was a Medical Summary Report (MSR) written and submitted? *

Yes
 No

Was the MSR co-signed by a physician or psychologist? *

Was a quality review of the application done prior to submission? *

Yes
 No

Has a complete application been submitted to SSA? *

Was a Consultative Exam (CE) ordered? *

Yes
 No

How many CEs were ordered? *

Application date (application packet submitted to SSA) *

Decision


The questions ask if there has been notification of a decision, the date of the decision, and if denied, whether an appeal was filed.

1 DEMOGRAPHICS 2 APPLICATION TYPE 3 APPLICATION DETAIL 4 DECISION 5 POST DECISION

Has there been notification of a decision? *

Yes No - Case is still pending Unknown

Date of Initial Decision *

10/14/2016 


Outcome of Decision*

Approved Denied

[Save & Continue](#) [Save & Exit](#) [Change Type](#)

1 DEMOGRAPHICS 2 APPLICATION TYPE 3 APPLICATION DETAIL 4 DECISION 5 POST DECISION

Reason for Denial (from SSA denial letter) *

Select Below 

Was a Request for Reconsideration filed? *

Yes

My state doesn't have reconsideration, filed appeal

No

[Complete Application](#) [Cancel](#)

Post Decision

Most of the questions that are asked post-decision are optional for the user. They are asked to answer what programs the applicant was approved for and then can optionally track other reimbursement amounts and other more qualitative outcomes including housing status, employment status and hours to complete the claim.

1 DEMOGRAPHICS 2 APPLICATION TYPE 3 APPLICATION DETAIL 4 DECISION 5 POST DECISION

Approved for SSI/SSDI? *

Both

Medicaid Reimbursement Amount (in dollars)

General Assistance or Public Assistance Reimbursement Amount (in dollars)

Is applicant working post-decision (at time of decision?)

Yes
 No

Was applicant housed at time of decision?

Yes
 No

Representative Payee Needed?

Yes
 No

Hours to Complete Claim:

SSDI Award per Month (in dollars)

Medicare Reimbursement Amount (in dollars)

Post-decision earnings per month (in dollars)

Did access to benefits facilitate housing?

Yes
 No

Representative Payee Provided?

Yes
 No

Complete Application Cancel