Attachment A

SAMHSA SOAR Web-Based Data Form

Part I: SSI/SSDI Application Outcomes

Screenshots of the Current Form

Registration Page for New Users to the System

New users, who are caseworkers, agency directors, local leads, 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.

OAT WORKS
Online Application Tracking

Register for OAT

All OAT registrants must be approved by the SAMHSA SOAR TA Center. You will receive an email from soaroat@prainc.com confirming receipt of registration, and another when your registration has been approved. If you have any questions, please contact us at soaroat@prainc.com or 518-439-7415 x2.

FIRST NAME *

LAST NAME *

PASSWORD *   ⓘ

VERIFY PASSWORD *

EMAIL *

PHONE *

EXT

STATE *
Select State

ROLE *   ⓘ
Select Role

AGENCY *
Select Agency

COUNTY/PARISH *
Select County/Parish

CITY *
Choose cities...

FUNDING SOURCE *
My position is funded by

SOAR Training(s) I have Completed

SOAR Online Course: Adult Curriculum

DATE ON CERTIFICATE (ADULT) 📅

SOAR Online Course: Child Curriculum

DATE ON CERTIFICATE (CHILD) 📅

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

[ ] I'm not a robot   reCAPTCHA
Privacy - Terms

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 *

Male ⬍

Age *

25

Military Service *

☑ Yes
◯ No
◯ Don't Know

Discharge Status: *

Honorable ⬍

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

Yes ⬍

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 ⬍

Applicant Working Earnings per Month (in dollars) *

200

What was the applicant's housing status at the time of the application? *

Outdoors (e.g., street, abandoned or public building) ⬍

Length of time homeless * 🛈

2
Years

4
Months

[Save & Continue]   Cancel

Application Type

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

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 application 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) * ⓘ

08/20/2019 📅

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 an Acceptable Medical Source? *

Yes ⬍

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

☑ Yes
◯ No

Has a complete application been submitted to SSA? *

Yes ⬍

Application date (application packet submitted to SSA) *

08/20/2019 📅

Was a Consultative Exam (CE) ordered? *

☑ Yes
◯ No

How many CEs were ordered? *

2

Save Progress and Return to Dashboard   Save & Continue   Change Type

Decision

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

1	2	3	4	5
DEMOGRAPHICS	APPLICATION TYPE	APPLICATION DETAIL	**DECISION**	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	2	3	4	5
DEMOGRAPHICS	APPLICATION TYPE	APPLICATION DETAIL	DECISION	**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 the amount the applicant was approved for, and then can optionally track other reimbursement amounts and qualitative outcomes including housing status, employment status and hours to complete the claim.

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

SSI Award per Month (in dollars) *

SSDI Award per Month (in dollars) *

Medicaid Reimbursement Amount (in dollars)

Medicare Reimbursement Amount (in dollars)

General Assistance or Public Assistance Reimbursement Amount (in dollars)

Retro Back Payments (in dollars)

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

- ☑ Yes
- ○ No

Post-decision earnings per month (in dollars)

Was applicant housed at time of decision?

- ☑ Yes
- ○ No

Did access to benefits facilitate housing?

- ○ Yes
- ○ No

Representative Payee Needed?

- ☑ Yes
- ○ No

Representative Payee Provided?

- ○ Yes
- ○ No

Hours to Complete Claim:

Save Progress and Return to Dashboard   Complete Application