

# **Attachment A**

## Revisions to the

### SAMHSA SOAR Web-Based Data Form

#### Part I: SSI/SSDI Application Outcomes

#### (4 Revisions)

#### **Screenshots of the Current Form**









##### **Registration Page for New Users to the System**

New users, who are case workers, 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.

**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 0930-0329, and it expires 03/31/2023. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, 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, 5600 Fishers Lane, Room 15E57A, Rockville, MD 20857.

## Register for OAT

All OAT registrants must be approved by the SAMHSA SOAR TA Center. You will receive an email from [soaroot@prainc.com](mailto:soaroot@prainc.com) confirming receipt of registration, and another when your registration has been approved. If you have any questions, please contact us at [soaroot@prainc.com](mailto:soaroot@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
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### 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 (Four Revisions)

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. The additional questions will be asked in this section. The revisions include:

- 1. [Race] With what race does the applicant identify?
  - Black or African American
  - White
  - American Indian
  - Alaska Native
  - South Asian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
  - Other (Specify)\_\_\_\_\_
  - Unknown
  
- 2. [Ethnicity] Is the applicant Hispanic, Latino/a, or Spanish origin?
  - Yes
  - No
  - Unknown
    - [IF YES] What ethnic group are they? You may indicate more than one.
      - Central American
      - Cuban
      - Dominican
      - Mexican
      - Puerto Rican
      - South American
      - Other (Specify)\_\_\_\_\_
      - Unknown
  
- 3: What sex was the applicant assigned at birth, on their original birth certificate?
  - Female
  - Male
  - (Don't know)
  - (Prefer not to answer)
  
- 4: What is the applicant's current gender? [Select one]
  - Female
  - Male

- Transgender
- [If respondent is American Indian/Alaskan Native:] Two-Spirit
- I use a different term: [free text]
- (Don't know)
- (Prefer not to answer)

- 5. Was the applicant involved in the criminal justice or legal system at the time of application?
  - Yes
  - No
    - If Yes, please select one (Drop-down options)
      - Treatment Court (Mental Health, Drug, Homeless, or Veterans)
      - Jail (Local or State)
      - Prison (State or Federal)
      - Community Supervision (Probation or Parole)
      - Reentry Program or Services

1  
**DEMOGRAPHICS**

2  
 APPLICATION TYPE

3  
 APPLICATION DETAIL

4  
 DECISION

5  
 POST DECISION

**Gender \***

Male

**Military Service \***

Yes

No

Don't Know

**Discharge Status: \***

Honorable

**Was the applicant receiving county, state or other public assistance (cash or health insurance) prior to applying for SSI/SSDI? \* i**

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 \***

25

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

Yes

**Applicant Working Earnings per Month (in dollars) \***

200

**Length of time homeless \* i**

2

4

Years 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.

The image shows a user interface for selecting an application type. At the top, a progress bar indicates five steps: 1. DEMOGRAPHICS, 2. APPLICATION TYPE (the current step), 3. APPLICATION DETAIL, 4. DECISION, and 5. POST DECISION. Below the progress bar are four application type options, each with an icon, a title, a brief description, and a 'Start Application' button.


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

## 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) \* *i***

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 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 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  
DEMOGRAPHICS

2  
APPLICATION TYPE

3  
APPLICATION DETAIL

4  
DECISION

5  
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