

**SOAR Data Form****Person Assisting Applicant**

Name of Person Assisting Applicant: \_\_\_\_\_

Agency Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) SS# \_\_\_\_\_

Gender:  Female  Male Veteran:  Yes  No  Don't KnowHousing Status:  Homeless\*  At risk of homelessness  Housed

\* SOAR defines homelessness as living on the street, in shelters, doubled up or in less than permanent housing

Length of Time Homeless (as of protective filing date): \_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_  
[Estimates are acceptable] Years Months DaysWas this person receiving any state, county or other public assistance  
(cash, check or medical insurance) prior to applying for SSI/SSDI?  Yes  No

If 'Yes', what type of public assistance? \_\_\_\_\_

**Application Status (Please check one)**

- New SOAR application (Complete section A only)
- SOAR-initiated reconsideration or appeal (Complete section B only)
- Application not initiated using SOAR (Complete section C only)

**A: New SOAR Application**

1. Protective filing date (consent form faxed to SSA) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
2. Application date (application packet submitted to SSA): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
3. Completed and submitted SSA 1696 Appointment of Representative form?  Yes  No
4. Were medical records collected and submitted?  Yes  No
5. Was a medical summary report written and submitted?  Yes  No
6. Was report co-signed by physician or psychologist?  Yes  No
7. Was quality review of application done prior to submission?  Yes  No
8. Was a Consultative Exam (CE) ordered?  Yes  No
9. Date of decision \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
10. Outcome of decision  Approved  Denied
11. Approved for SSI?  Yes  No
12. Approved for SSDI?  Yes  No
13. Representative payee needed?  Yes  No

Applicant ID # \_\_\_\_\_

14. Representative payee provided?  Yes  No  Pending
15. If denied, was a reconsideration or appeal filed?  Yes  No
16. If homeless at time of application, date applicant was housed  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

### **B: SOAR – Initiated Reconsideration or Appeal**

1. Did SOAR staff initiate the reconsideration or appeal?  Yes  No
2. Did SOAR staff submit SSA 1696 Appointment of Representative form?  Yes  No
3. Were medical records collected and submitted?  Yes  No
4. Was a medical summary report written and submitted?  Yes  No
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5. Was an expedited hearing requested?  Yes  No
6. Was a review on record requested?  Yes  No
7. Did applicant have an attorney?  Yes  No
8. Date of hearing decision or review on record: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
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9. Outcome of hearing or review on record:  Approved  Denied
10. Approved for SSI?  Yes  No
11. Approved for SSDI?  Yes  No
12. Representative payee needed?  Yes  No
13. Representative payee provided?  Yes  No  Pending

### **C: Pending Applications (Those Not Initiated Using SOAR)**

1. Date of first contact with applicant whose claim was pending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
2. When you began working with applicant, was application pending at the:
- a. Initial Level?  Yes (Go to Q. 3)  No
  - b. Reconsideration Level?  Yes (Go to Q. 4)  No
  - c. Administrative Law Judge (ALJ) hearing level?  Yes (Go to Q. 5)  No
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3. Initial level
- a. Date of initial decision \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
  - b. Outcome of initial decision (If approved, go to Q. 6)  Approved  Denied
  - c. If denied, was a request for reconsideration filed?  Yes  No
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4. Reconsideration Level
- a. Date of reconsideration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
  - b. Outcome of reconsideration (If approved, go to Q. 6)  Approved  Denied
  - c. If denied, was an appeal for an Administrative Law Judge (ALJ) hearing filed?  Yes  No
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5. Administrative Law Judge (ALJ) hearing level
- a. Date of ALJ hearing decision \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
  - b. Outcome of ALJ hearing decision  Approved  Denied
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6. Approved for SSI?  Yes  No
7. Approved for SSDI?  Yes  No
8. Representative payee needed?  Yes  No
9. Representative payee provided?  Yes  No  Pending