

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.

Register for OAT

All OAT registrants must be approved by the SAMHSA SOAR TA Center. You will receive an email from 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 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 

[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? * *i*
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 * *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 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 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

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

Post-decision earnings per month (in dollars)

Hours to Complete Claim:

[Save Progress and Return to Dashboard](#) [Complete Application](#)