

## SOAR OAT Data Form

A TOOL FOR GATHERING INFORMATION FOR OAT

Use this form as guidance for collecting information that will be entered into OAT. Keep this in the applicant's hard copy files so you can cross-reference the application details with the OAT Applicant ID#.

### SOAR Case Worker

- Name:
- Agency:
- Phone Number and/or Email:

### Applicant

- OAT APPLICANT ID#:
- Name:
- DOB:
- SSN:

### Demographics

- Sex:
- Age:
- Race:
- Hispanic, Latino/a, or Spanish origin?
  - If yes, Ethnic group:

### Other information

- Legal system involvement at time of application?
  - If yes, please specify:
- Military Service?
  - If yes, discharge status?
  - Receiving VA Disability Compensation at time of application?
- Receiving any county, state, or other public assistance prior to filing application?
  - If yes, please specify:
- Was the applicant working during the application process?
  - If yes, earnings per month: \$
- Housing status at time of application:
- Length of time homeless (prior to working on the SOAR application or prior to entering the current housing situation):

## Application Type

- Initial SOAR Application* – Assisting with an initial SSI/SSDI application to SSA
- Reconsideration* – Initial application was denied; filing a request for Reconsideration
- Administrative Law Judge (ALJ) Hearing* – Reconsideration denied; filing a Request for ALJ Hearing
- Non-SOAR Claim* – Applicant not experiencing or at risk of homelessness and/or no SOAR critical components used.

## Application Details

### All Application Types

- Was an SSA-1696 Appointment of Representative form submitted?
- Were medical records collected and submitted?
- Was a Medical Summary Report (MSR) submitted?
  - If yes, was it co-signed by a physician or psychologist?
- Was a quality review of the application done prior to submission?
- Was a Consultative Exam (CE) ordered?
  - If yes, how many?

### Initial Application

- Protective Filing Date (PFD):
- Application date (packet submitted to SSA):

### Reconsideration

- Date of request for Reconsideration:

### ALJ Hearing

- Date of request for ALJ hearing:
- Was an expedited hearing requested?
- Did the applicant have an attorney?
- Was an “On the Record” review requested?
  - If yes, was it granted?
- Date of ALJ Hearing:

## Application Decision

- Date of decision:
- If approved
  - SSI only OR SSDI only OR Both SSI and SSDI
- If denied for **BOTH SSI AND SSDI**
  - Reason for denial (from decision letter):
  - Initial denial: Was a Reconsideration filed?
  - Reconsideration denial: Was request for an ALJ hearing submitted?

## Post-Decision

- SSI Award per Month: \$
- SSDI Award per Month: \$
- Optional Information:
  - Medicaid Reimbursement Amount: \$
  - Medicare Reimbursement Amount: \$
  - General/Public Assistance Reimbursement Amount: \$
  - Retro Back Payment Amount: \$
  - Was the applicant working at time of decision?
    - If yes, earnings per month: \$
  - Was the applicant housed at the time of the decision?
    - If yes, did access to benefits facilitate housing?
  - Was a Representative payee needed?
    - If yes, was one provided?
  - Total number of hours to complete the claim: