

PASS Feasibility Screening Questionnaire

Name: _____ Date _____

SS# _____ DOB _____

Current SSI Recipient? Yes No
(* Reminder – if answer “no”, file SSI application ASAP)

What Income and/or resource to be used for PASS:

_____ SSDI (Social Security Disability Insurance)

_____ Wages

_____ UIB (Unemployment Insurance Benefits)

_____ VA (Veterans Administration Benefits)

_____ One-time resource

_____ Deemed resource/income Parent Spouse

_____ Other: _____

Amount: \$ _____

per week

bi-weekly

monthly

one-time

other _____

If no income, other than SSI, to put in PASS, not a feasible candidate.

Total Amount of Monthly Living Expenses: \$ _____

Vocational Goal: _____

Any related work/volunteer history? Yes No If yes, explain _____

VESID / Vocational Rehabilitation Agency: _____

• Open case? Yes No

• Vocational Rehab Counselor's name _____

• Does Voc. Rehab. Counselor support vocational goal? Yes No

If no, why not? _____

May need another rehab counselor's support for feasibility

• List services/items received and anticipated from vocational rehabilitation agency:

Received

Expected

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

• Any other funding sources provided or could provide for needs? Yes No

If yes, explain: _____

List Items/Services Needed to Achieve Vocational Goal

1. _____

2. _____

3. _____

Prior PASS Submitted? Yes No When? _____

Prior PASS Approved? Yes No When? _____

Prior PASS Completed? Yes No When? _____

Monthly Disposable Income: Before PASS submission \$ _____ After PASS approval \$ _____

If living expenses, higher than monthly disposable income, may not be a feasible candidate