



1. Intake Summary

Enroll Date MM / DD / YYYY

Intake Staff Name

Program Name

Client ID (Computer Generated)

2. Basic Client Profile (Universal Data Elements)

First Name MI Last Name Suffix

Form with fields for SS#, Date of Birth, SS Quality, Gender, Ethnicity, Race, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Length of Stay in Previous Residence, Zip Code of Last Perm. Residence, and Zip Code Type.



3. SOAR Information

Application Status	<input type="checkbox"/> New SOAR Application (Complete Section A only) <input type="checkbox"/> SOAR-initiated reconsideration or appeal (Complete Section B only) <input type="checkbox"/> Application not initiated using SOAR (Complete Section C only)
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Section 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Were medical records collected and submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Was a medical summary report written and submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Was report co-signed by physician or psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Was quality review of application done prior to submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Was a Consultative Exam (CE) ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Date of decision:	____/____/____ (mm/dd/yyyy)
10.	Outcome of decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
11.	Approved for SSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Approved for SSDI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Representative payee needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Representative payee provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
15.	If denied, was a reconsideration or appeal filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If homeless at time of application, date applicant was housed:	____/____/____ (mm/dd/yyyy)

Section B: Initiated Reconsideration or Appeal

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



Section 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? b. Reconsideration level? c. Administrative Law Judge (ALJ) hearing level?	<input type="checkbox"/> Yes (Go to Q.3) <input type="checkbox"/> No <input type="checkbox"/> Yes (Go to Q.4) <input type="checkbox"/> No <input type="checkbox"/> Yes (Go to Q.5) <input type="checkbox"/> No
3.	Initial level a. Date of initial decision: b. Outcome of initial decision (if approved, go to Q.6): c. If denied, was a request for reconsideration filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Reconsideration level a. Date of reconsideration: b. Outcome of reconsideration (if approved, go to Q.6): c. If denied, was an appeal for an Administrative Law Judge (ALJ) hearing filed?	____/____/____ (mm/dd/yyyy) <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Administrative Law Judge (ALJ) hearing level: a. Date of ALJ hearing decision: b. Outcome of ALJ hearing decision:	____/____/____ (mm/dd/yyyy) <input type="checkbox"/> Approved <input type="checkbox"/> Denied
6.	Approved for SSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Approved for SSDI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Representative payee needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
9.	Representative payee provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Exit Summary

Exit Date	____/____/____ MM DD YYYY
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