



EXPEDITE APPLICATIONS!

SOAR ONLINE COURSE

Trains case managers to assist individuals applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who:

- Are experiencing or at risk for homelessness; and
- Have serious mental and/or physical illnesses that affect their ability to work.

How to Register

The SOAR online course takes approximately 16-20 hours to complete. To register:

- Complete and sign the attached registration form. Your supervisor must sign the form as well. **By signing this form, you and your supervisor commit to your completing the course and submitting four SOAR SSI/SSDI applications within the next year.** It can take 20-40 hours from initial engagement to decision to complete an SSI/SSDI application using the SOAR model.
- After your SOAR State Lead receives your registration, he/she will provide further instructions about enrolling in the course, and key dates for cohort calls and Idaho specific Fundamentals training.

<http://soarworks.prainc.com>

How is the SOAR model different?

- Case managers actively assist applicants, maintaining contact and acting as their representative
- Emphasis on obtaining approval on initial applications and avoiding appeals
- Collaboration with local agencies, medical providers and SSA/DDS
- Focus on documenting disability and its effect on functioning via a Medical Summary Report, reducing the need for consultative exams

SOAR Online Course highlights

- In-depth, step-by-step explanation of SSA's disability determination process and SSI/SSDI application forms
- Self-directed learning at your own pace
- Sample reports, letters, forms, and other tools
- Practice Case provides an opportunity for active learning -- includes completion of a SOAR SSI/SSDI application packet, submitted to the SOAR Technical Assistance Center for feedback
- 16 CEUs from NASW upon successful completion
- Offered at no cost to users

SOAR Online Course

Registration Form

Please complete one registration form per person and submit by due date.

Registrant Information: Note: Fields are expandable as you type.

First Name:

Last Name:

Title:

Organization Name:

City:

County:

Phone:

E-mail:

1. How many individuals do you currently help apply for SSI/SSDI per year?
2. After completing this training, how many individuals per year would you expect to help apply for SSI/SSDI using the SOAR model?
3. Do you currently work with adults (18+) experiencing a risk of homelessness AND diagnosed with a mental illness? Yes No
4. Do you currently assist clients apply for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)? Yes No
5. Are you available to attend the SOAR half day Idaho Fundamentals training? Yes No
6. Once participants are approved for the training they are expected to:
 - Attend all scheduled calls
 - Complete one SOAR application within six months of having attended the training
 - Complete a further three SOAR applications within the next twelve months
 - Participate in ongoing SOAR related learning opportunities
 - Undertake the key components of the SOAR process, including:
 - Becoming the applicant's representative
 - Obtaining medical records
 - Producing medical summary report
 - Participating in local quality review processes
 - Maintaining communication with SSA/DDS
 - Submitting data to local SOAR lead

Is agency leadership willing to dedicate ample staff time to enable the above to be achieved?

Yes

No

7. Has any of your staff previously been SOAR trained?*

Yes

No

If yes, how many applications has the agency submitted?

If none, why? (i.e. staff turnover, incorrect staff trained, etc.)

8. What, if any, barriers have been experienced in implementing SOAR?

By signing below, we acknowledge the expectation that the registrant will:

- Complete the SOAR Online Course
- Use the SOAR model to complete at least four SSI/SSDI applications within the next year
- Participate in ongoing SOAR related learning opportunities
- Undertake the key components of the SOAR process, including:
 - Participating in local quality review processes
 - Attending local refresher trainings and other learning opportunities
 - Maintaining communication with your SOAR Local Lead
 - Submitting application data and outcomes to SOAR Local Lead

Registrant Name:

Signature: _____

Supervisor Name:

Signature: _____

Date:

Please return this completed Registration Form to: SOARregistration@dhw.idaho.gov

Please contact **Don Caagbay** at 208-334-5528 | don.caagbay@dhw.idaho.gov or

Crystal Campbell at 208-334-6506 | crystal.campbell@dhw.idaho.gov for additional information.

*Note: For agencies with SOAR trained staff – priority will be given to providers that have completed applications