Applicant ID #	nt ID#
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## **SOAR Data Form**

Pe	rson	Assisting Applicant				
	Nam	ne of Person Assisting Applicant:				
	Ager	ncy Name:				
			State:			
	Phor	ne Number:	Email:			
Δn	nlica	int. The Early State of the State of			Din Tiberakan kemilikan sebagai	
Λþ						
		Name	Last Name			
	Date	of Birth (mm/dd/yyyy)	SS#			
	Geno	der: 🗆 Female 💢 Male	Veteran: □Yes	□ No	☐ Don't Know	
Housing Status: ☐Homeless* ☐ At risk of homelessness ☐ Housed * SOAR defines homelessness as living on the street, in shelters, doubled up or in less than permanent housing						
		th of Time Homeless (as of protective filing date): mates are acceptable]	Years OR Mo	OR OR	Days	
		this person receiving any state, county or other public a h, check or medical insurance) prior to applying for SSI/		□Yes	□ No	
	If 'Ye	es', what type of public assistance?				
Δn	nlica	tion Status (Please check one)	Des merestersene des 1924 Auguste 1	Markata 1986		
IA	pou □	New SOAR application (Complete section A only)				
		SOAR-initiated reconsideration or appeal (Complete s	rection B only)			
		Application not initiated using SOAR (Complete section	• •			
			• •		<u> </u>	
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 F	Representative form	? □Yes	s □ No	
	4.	Were medical records collected and submitted?		□Yes	s □ No	
	5.	Was a medical summary report written and submitted	?	□Yes	i □ No	
	6.	Was report co-signed by physician or psychologist?		□Yes	s □ No	
	7.	Was quality review of application done prior to submis	sion?	□Yes	s □ No	
	8.	Was a Consultative Exam (CE) ordered?		□Yes	s □ No	
	9.	Date of decision			/ (mm/dd/yyyy)	
	10.	Outcome of decision		Ap	proved	
	11.	Approved for SSI?		□Yes		
	12.	Approved for SSDI?		□Yes	s □ No	
	13.			□Yes	; □ No	

			Applicant ID #				
	14.	Representative payee provided?	□Yes □ No □ Pending				
	15.	If denied, was a reconsideration or appeal filed?	□Yes □ No				
	16.	If homeless at time of application, date applicant was housed	// (mm/dd/yyyy)				
B: SOAR – Initiated Reconsideration or Appeal							
	1.	Did SOAR staff initiate the reconsideration or appeal?	□Yes □ No				
	2.	Did SOAR staff submit SSA 1696 Appointment of Representative form?	□Yes □ No				
	3.	Were medical records collected and submitted?	□Yes □ No				
	4.	Was a medical summary report written and submitted?	□Yes □ No				
	5.	Was an expedited hearing requested?	□Yes □ No				
	6.	Was a review on record requested?	□Yes □ No				
	7.	Did applicant have an attorney?	□Yes □ No				
	8.	Date of hearing decision or review on record:	// (mm/dd/yyyy)				
	9.	Outcome of hearing or review on record:	☐ Approved ☐ Denied				
	10.	Approved for SSI?	□Yes □ No				
	11.	Approved for SSDI?	□Yes □ No				
	12.	Representative payee needed?	□Yes □ No				
	13.	Representative payee provided?	□Yes □ No □ Pending				
C. 1		ing Applications (Those Not Initiated Using SOAR)					
.0. 1							
	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?	☐Yes (Go to Q. 3) ☐ No ☐Yes (Go to Q. 4) ☐ No				
		c. Administrative Law Judge (ALJ) hearing level?	☐Yes (Go to Q. 5) ☐ No				
	3.	Initial level					
		a. Date of initial decision	/ / (mm/dd/yyyy)				
		b. Outcome of initial decision (If approved, go to Q. 6)	☐ Approved ☐ Denied				
		c. If denied, was a request for reconsideration filed?	□Yes □ No				
	4.	Reconsideration Level					
		a. Date of reconsideration	// (mm/dd/yyyy)				
		<ul><li>b. Outcome of reconsideration (If approved, go to Q. 6)</li><li>c. If denied, was an appeal for an Administrative Law Judge (ALJ)</li></ul>	• •				
		hearing filed?	□Yes □ No				
	5.	Administrative Law Judge (ALJ) hearing level					
		a. Date of ALJ hearing decision	// (mm/dd/yyyy)				
		b. Outcome of ALJ hearing decision	☐ Approved ☐ Denied				
	6. -	Approved for SSI?	□Yes □ No				
	7.	Approved for SSDI?	☐Yes ☐ No				
	8.	Representative payee needed?	□Yes □ No				
	9.	Representative payee provided?	☐Yes ☐ No ☐ Pending				