



# SOAR Training

SSI/SSDI Outreach, Access, and Recovery

Sponsored by Kentucky Housing Corporation  
and the Division of Mental Health and Substance Abuse

*Save the Date!* August 10-11, 2011

## Assisting People Applying for SSI/SSDI Disability Benefits

### Workshop Highlights

- An in-depth, step-by-step explanation of the SSI/SSDI application and disability determination process
- Strategies for working with homeless persons with serious mental illness and co-occurring disorders – only a fraction of this population receives the benefits to which they are entitled
- Exercises and worksheets provide practical application tools
- Release-of-information samples, sample reports, letters, assessment forms, SSA forms with explanations

### Featured Trainers

Andrea Miller  
Amanda Johnson

Kentucky Domestic Violence Assn

### Workshop Location

Pathways, Inc  
1212 Bath Ave, 8<sup>th</sup> Floor  
Ashland KY 41105

### Dates & Times

August 10-11, 2011  
9:00 a.m. to 4:00 p.m.  
(Lunch is on your own)

### Registration

Please complete attached registration form. Conference is free to Kentucky residents. Hotel, meals, and transportation costs are the responsibility of the participant. Registration is limited.

### How is this model different?

- Case managers actively assist applicants
- Focuses on the initial application – “Get it right the first time!”
- Avoids appeals whenever possible
- Focuses on documenting the disability to reduce the need for consultative exams
- Leads to savings – the San Francisco Department of Public Health estimates that their SSI outreach project saves the city \$27 million annually in recouped Medicaid and state-funded General Assistance alone

# Assisting People Applying for SSI/SSDI Disability Benefits

## Registration Form

**August 10-11, 2011**  
**Pathways, Inc.**  
**1212 Bath Ave. 8<sup>th</sup> Floor, Ashland KY 41105**  
**606-329-8588**

**This completed registration form must be returned by  
August 1, 2011. Registration is limited.  
Participants are expected to be present for the entire two days.**

**One registration per person**

### Registrant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate if you need special accommodations (ADA) \_\_\_\_\_

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If you have any questions, call Richard McClain at (502) 564 -7630 ext 388  
or e-mail [rmclain@kyhousing.org](mailto:rmclain@kyhousing.org)

Return this registration form by August 1, 2011 to  
Richard McClain, KHC, via fax at (502) 564 – 6173