



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, 8th 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. 8th 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) _____

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

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