Names, ages of children:

Living arrangements

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live alone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live with spouse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live with children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share expenses?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Personal Direction and Future Outlook

Reason for referral:

Expectations for services being requested:

Preferred location to receive services:

Individual’s long-range dreams and aspirations:

   Employment:

   Postsecondary and/or continuing education:

   Community living:

What the person expresses they need to achieve their desired outcomes (frame as supports):

Individual’s current family and social connections:
IX. Trial Work Period (TWP) Analysis

This section applies to SSDI recipients only. To complete this section, it may be necessary to develop a comprehensive, month-by-month, history of work and wages since the consumer first started collecting SSDI benefits. This can be done on the attached “Notes” pages or on a separate document. Also, if the person is self-employed you may need to discuss what constitutes a trial work month. NOTE: The minimum gross wages for a TWP “services month” was $200 from 1/90 to 12/00; $530 during calendar year 2001; $560 during calendar year 2002; and will be $570 during calendar year 2003.

Date when first received SSDI?
Has person worked and earned more than TWP amount in any month(s) since first receipt of SSDI?  

__ yes __ no

If no, full nine-month TWP available.
If yes, continue through questions.

Did person use up nine TWP months before 1/1/92?

If yes, no TWP available unless SSDI terminated, eligibility re-established after new application and new five-month waiting period.

If person did not exhaust TWP before 1/1/92

Work nine TWP months during 60-month period which ended after 1/1/92?

__ yes __ no

If yes, TWP exhausted.

If less than nine TWP months during 60-month period, list each TWP month during past 60 months. For each, list month, year and gross wages earned. [Note: In many cases, will have to obtain information from SSA.]

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
<th>Gross Wages Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on information, how many TWP months left?
**BENEFITS SCREENING PROFILE**

**A SAMPLE COMPLETED QUESTIONNAIRE**

Name of Interviewer: Connie Michaels
Date of Interview(s): 9/24/05
Was the Client/Consumer Interviewed? X yes __ no
Other Person(s) Interviewed:

Mark Sanders, Rehabilitation Counselor, ABC Rehab, Inc.

Initial Questions Presented:

Has been working for nearly 2 years. Is she still entitled to SSDI? Was she entitled to checks she got during past 2 years?

### I. Personal Demographics

Name: Anne Perreault
Address: Anywhere
State of residence: USA

Social Security #: 000-00-0000
County of residence: Local
Date of birth: 7/2/65

Type of residence, check one:

- X Home, apartment
- _ Group home
- _ Intermediate Care Facility (ICF)
- _ Hospital
- _ Other, please describe:

Home phone: 888-8888
Work phone: 999-9999 (emergency calls only)
Fax: N/A
E-mail: N/A

Residential placement funding (specify):

Married / single / divorced: Name of spouse: N/A
Names, ages of children: Jill Perreault, age 20 (also lives in Buffalo)

Living arrangements:

- Live alone? X yes __ no
- Live with children? __ yes __ no
- Share expenses? __ yes __ no
- Live with spouse? __ yes __ no
- Live with roommate? __ yes __ no
III. Disability Description

Primary diagnosis: Longstanding depression

Secondary diagnosis: Anxiety disorder

Tertiary diagnosis: None

Age of onset of disability: 28
Specific date if available: summer 1993

Currently seeing a doctor or therapist? Yes __ no
Name(s), address(es) of doctor(s) or therapist(s):

Dr. Renee Paul, Psychiatrist
Southside Counseling Center
22 Elm Street
Buffalo, N.Y. 14203

John Johnson, MSW, Counselor
Same address

Medication, please list:
Prozac, xx mg., xx times per day

Any side effects: __ yes X no
Describe side effects:
None at this time

How does disability limit activities?
“On bad days, I have very limited energy. Generally, I do not want to interact with lots of different people. On a bad day, I prefer to keep to myself.”

How does disability limit ability to work?
It is difficult to work a full-time schedule; and difficult to constantly interact with others on the job. Needs a job where she can take off if having a bad day. An understanding and tolerant employer is a key.
Earned Income / Wages:

- X employed by others
- ___ self-employed

Monthly gross amount: $850, expected to temporarily increase to $1,400

Weekly gross amount:

Bi-weekly gross amount:

If wages vary, please explain:

October, November and December 2004 will be busy season.

Other income in household: N/A

- Spouse, describe form and amount:
- Children, describe form and amount:
VIII. Employment Information

Name, address of employer or potential employer:

*Quality Mailers, Inc.*, 239 Swan Street, Buffalo, New York 14203

Describe job (or potential job)

**Title:** Bulk Mail Specialist  
**Duties:** Ensure that mail is properly sorted, coded, and bagged for delivery to Post Office.  
**Hours:** Monday, Tuesday, Thursday, Friday – 9:30 to 3:30  
**Salary/hourly wage:** $8.50/hour  
**Benefits:** Only benefits required by law, plus one week’s vacation. No health insurance, no sick days.

Date you started working (as employee): January 2005  
How job was found? Placed by ABC Rehab  
Found on own: **yes**  
Agency helped find job, describe: Placement following success at similar position within ABC Rehab.

If self employed (or potentially self employed)  
Describe business: N/A  
Date started: 

Was job selected because of limits of disability? **yes**  
If yes, please explain: Employer has hired other persons with disabilities, was expected to make allowances for Anne’s disability.

Any extra or special supervision on job? **yes**  
If yes, describe: 

Is this a “supported employment” position? **yes**  
Agency sponsoring job: 
Is there a job coach? **yes**  
Name: Jerry Greene
Hours per month:
13 hours per month, January – March 2005

Services performed:
Acclimate to job; develop strategies to work around limitations associated with disability.

How long will job coach remain in picture?
Stopped after 3 months.

Does government agency (i.e., other that employer) pay all or part of wage?
__ yes  X no

Please describe:

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Title</th>
<th>Duties</th>
<th>Wage/Hours</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Mailers, Inc.</td>
<td>Bulk Mail Specialist</td>
<td>Ensure that mail is properly sorted, coded, and bagged for delivery to Post Office</td>
<td>$8.50/hour</td>
<td>1/05-9/05</td>
</tr>
<tr>
<td>[Current job]</td>
<td></td>
<td></td>
<td>100 hours per month</td>
<td></td>
</tr>
<tr>
<td>ABC Rehab, Inc.</td>
<td>Bulk Mail Service</td>
<td>Nearly identical to above, in a More supported Environment.</td>
<td>$6.60/hour</td>
<td>1/04-12/04</td>
</tr>
<tr>
<td>Bulk Mail Service</td>
<td></td>
<td></td>
<td>100 hours per month</td>
<td></td>
</tr>
<tr>
<td>J.C. Penny</td>
<td>Sales Clerk</td>
<td>Wait on customers run cash register</td>
<td>$5/hour</td>
<td>Fall 1996</td>
</tr>
<tr>
<td>Cheektowaga, N.Y.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelly Services</td>
<td>Temporary secretary jobs</td>
<td>General office</td>
<td>$5 to $7/hr.</td>
<td>Sporadic</td>
</tr>
<tr>
<td>Buffalo, N.Y.</td>
<td></td>
<td></td>
<td>1994-96</td>
<td></td>
</tr>
<tr>
<td>General Accounting, Inc.</td>
<td>Secretary</td>
<td>Typing, filing, Telephone, make Appointments</td>
<td>$14,000/yr.</td>
<td>1989-93</td>
</tr>
</tbody>
</table>

Briefly describe any past attempts at self-employment:
N/A
X. Extended Period of Eligibility (EPE) Analysis (SSDI recipients only)

Ninth TWP month (month/year): September 2004
Beginning of EPE (month/year): October 2004
Last month of 36-month EPE (month/year): September 2007

Remember, during EPE:

*The first time that the individual is determined to be performing substantial gainful activity by earning more than the applicable SGA amount, they will get SSDI checks for that month and two more (i.e., during the “grace period”)*

*Following the grace period:*
  - No SSDI check during months countable gross wages exceed the SGA amount.
  - Will get SSDI check when countable gross wages less than the SGA amount.

*Impairment related work expenses (IRWEs) and subsidies are deducted from gross wages.*

**Listing of EPE payment, nonpayment months:**

*This should be done on a separate worksheet.*

See “Notes” section for analysis of SSDI payments due and not due during the EPE.
XIII. Analysis of Impairment Related Work Expenses

Transportation IRWE

Nature of item/service:

Bus fare to psychiatrist, mental health counselor

How related to disability and work:

Cannot work without ongoing treatment

Monthly cost: $7.50

Medication IRWE

Nature of item/service: None

Health insurance IRWE (premiums, co-payments, deductibles)

Nature of item/service:

Medicare Part B premium

How related to disability and work:

Medicare pays 80% of cost for psychiatrist

Monthly cost: $58.70

[Interviewer’s note: Medicaid may pay for premium under either QMB or SLMB programs.]

Other IRWEs (check each that applies and describe below): N/A
XV. Analysis of Subsidies

Subsidy checklist

- Is government agency paying part of wage? [ ] yes [X] no
- Does individual get special assistance on the job? [ ] yes [X] no
- Yes, in past
- Does individual perform fewer duties than others? [ ] yes [X] no
- Does employer accept less productivity than from others? [ ] yes [X] no
- Does individual receive extra rest periods/breaks? [ ] yes [X] no
- Does individual receive job coach assistance? [ ] yes [X] no
- Yes, in past

If you checked yes to any of the above, describe the special circumstances:

Currently, off site support is from ABC Rehab case manager approximately 3 hours per month. Employer has set up work schedule based on disability-related limitations. Employer tolerates disability-related absences of one or two days per month. Between January and March 2005, ABC also provided job coach support of 3 hours per week.

Calculate value of monthly subsidy, indicating countable wages after subsidy:

Value of job-coaching subsidy, January – March 2005, using SSA-approved method:
- 13 hours job coaching x $8.50 per hour (Anne’s hourly wage) = $110.50 per month

XVI. SSI Plan for Achieving Self Support (PASS)

Does individual have an approved PASS? [ ] yes [X] no
- If yes, describe briefly and obtain a copy for file.
- If no, explain PASS and then complete remaining questions.

Does individual have income other than SSI? [X] yes [ ] no
If yes, please describe

*See section V, above*

Does individual have resources in the form of bank accounts or items that could quickly be converted to cash?

If yes, please describe:

*See section VI, above. Only a small reserve, $350, in savings account.*

Are there goods and/or services, that would help individual reach a vocational goal, that he or she would purchase if extra money were available?  

X yes ___ no

If yes, list items, their expected purpose and their approximate cost, if known:

<table>
<thead>
<tr>
<th>Items</th>
<th>Expected Purpose</th>
<th>Approximate Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile</td>
<td><em>Allow her to travel</em></td>
<td>$8,000 for good used car</td>
</tr>
<tr>
<td></td>
<td><em>To places of employment in Suburbs,</em> or allow her needed Vehicle to establish her own*</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Bulk mail business</em></td>
<td></td>
</tr>
</tbody>
</table>
XVII. Ticket to Work

Has SSA started to implement the Ticket program in your state?  _X_ yes __ no

*If no, stop. If yes, continue.*

Is individual receiving services under a Ticket?  _X_ yes __ no

*If no, stop. If yes, continue.*

Name of Employment Network:  VESID (i.e., New York’s VR agency)
Contact at EN:  Teddy Thomas
Describe services received from EN:  Paid for job coaching in part. Counseling provided as needed.

*NOTE: If individual is receiving services from the state’s vocational rehabilitation agency, they may be receiving those services under the Ticket.*

Explain that individual will not be subject to a continuing disability review while using a Ticket and making timely progress.
NOTES

SSDI payment and nonpayment months during EPE:

10/04-12/04: Non-SGA months, only $660 in monthly earnings ... SSDI checks due

1/05-3/05: Non-SGA months, less than $800 in countable earnings ... SSDI checks due [After subsidy deductions for job coaching assistance (see section XIV.), job coaching subsidy is at least $110.50 per month for January, February, and March 2005, reducing wages below $800 SGA amount.]

4/05: Benefit cessation month (i.e., first month of SGA within EPE)

4/05-6/05: Grace period (cessation month and next two months) ... SSDI checks due

7/05: SGA month ... no SSDI check due

[... Gross wages $850 with no subsidy, meaning that countable earnings are $850 (i.e., more than SGA amount of $800).]

8/05, 9/05: Same analysis as July

10/05, 11/05, 12/05: SGA months ... no SSDI checks due

[With expected wages of $1,400 per month, there are not enough projected IRWEs and subsidies, no matter how calculated, to reduce wages below $800.]