Appendix F —

Benefits Screening Profile
A Model Questionnaire

This Questionnaire is adapted from one developed by Neighborhood Legal Services, Inc. of Buffalo, New York, and is intended as an aid to analyze the effect of work on benefits. It should be used as a guide in conducting both telephone and in-person interviews of persons with disabilities and/or the persons who seek assistance on their behalf. In some cases the interviewer will need to gather no more than a fraction of the information sought by the form. In other cases the interviewer will want to cover all or most of the questions. If in doubt, obtain all the suggested information during the interview and gather any documents (e.g., Social Security Administration notices) that might be relevant.

Name of Interviewer:  
Date of Interview(s):  
Was the Client/Consumer Interviewed? __ yes __ no  
Other Person Interviewed (i.e., not the client/consumer):  

Initial Questions Presented:

I. Personal Demographics

Name: __________  Social Security #: __________
Address: __________  County of residence: __________
State of residence: __________  Date of birth: __________
Type of residence, check one:
  ___ Home, apartment
  ___ Group home
  ___ Intermediate Care Facility (ICF)
  ___ Hospital
  ___ Other, please describe: __________

Phone: __________  Home phone: __________  Work phone: __________
Fax: __________  E-mail: __________

Residential placement funding (specify): __________

Married / single / divorced (circle one): __________  Name of spouse: __________
Names, ages of children:

Living arrangements

Live alone? __ yes __ no  Live with spouse? __ yes __ no
Live with children? __ yes __ no  Live with roommate? __ yes __ no
Share expenses? __ yes __ no

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:
III. Disability Description

Primary diagnosis:

Secondary diagnosis:

Tertiary diagnosis:

Age of onset of disability:
   Specific date if available:

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

Medication, please list:

Any side effects: __ yes __ no
   Describe side effects:

How does disability limit activities?

How does disability limit ability to work?
IV. Involvement With Other Agencies / Support Systems

Is the individual still enrolled in secondary school? 

_ yes _ no

If yes, name of school:
Name, phone number of teacher:
Describe education program:

Is the individual enrolled in continuing education or a postsecondary education institution? 

_ yes _ no

If yes, name of school:
Name, phone number of counselor:
Describe education program:

Is the individual involved with the state VR agency? 

_ yes _ no

If yes, name of agency:
Name, phone number of VR counselor:
Describe program, services getting from agency:

Is the individual involved with a private VR agency? 

_ yes _ no

If yes, name of agency:
Name, phone number of VR counselor:
Describe program, services getting from agency:

Is the individual involved with the State MR/DD system? 

_ yes _ no

If yes, name of agency:
Name, phone number of case manager/rep:
Describe program, services getting from agency:
Is the individual involved with the State MH system?  __ yes __ no
   If yes, name of agency:
   Name, phone number of case manager/rep:
   Describe program, services getting from agency:

Is the individual involved with any other agencies?  __ yes __ no
   If yes, name of agency:
   Name, phone number of case manager/rep:
   Describe program, services getting from agency:
   If yes, name of agency:
   Name, phone number of case manager/rep:
   Describe program, services getting from agency:
   If yes, name of agency:
   Name, phone number of case manager/rep:
   Describe program, services getting from agency:

Briefly describe other informal or unpaid supports in the individual’s life (family, friends, etc.):
V. Monthly Income

Unearned Income:
- SSDI amount:
  Type of benefit (check appropriate benefit):
    ___ Against own record
    ___ Disabled Adult Child
    ___ Widows/Widowers
    ___ Other:
    ___ Unknown
- Unemployment amount:
- Veteran’s benefit amount:
- Railroad Retirement Pension amount:
- Alimony / Palimony amount:
- Child Support amount:
- Private disability insurance amount:
- Worker’s Compensation amount:
- Other amount (specify types):

Financial Needs-Based Assistance (means tested):
- SSI amount:
- Pell grant amount:
- TANF amount:
- Food stamps amount:
- State subsidized housing: ___ yes ___ no amount:
- HUD: ___ yes ___ no amount:
- Other amount (specify types):
- Anyone in household receive welfare benefits? ___ yes ___ no
  Describe form and amount:

If individual receives SSDI or SSI:
Name, address of Social Security office serving them:
If known, name, address, phone, fax and email address of Claims Representative serving them:
Earned Income / Wages:
___ employed by others ___ self-employed
Monthly gross amount:
Weekly gross amount:
Bi-weekly gross amount:
If wages vary, please explain:

Other income in household:

Spouse, describe form and amount:

Children, describe form and amount:
VI. Resources

(Relevant to SSI, Medicaid eligibility.)

The individual

Own home __ yes __ no

If jointly owned, please indicate other owner(s):

Bank accounts

Savings, list amount:
Checking, list amount:
Other, describe and list amount:

Individual retirement account (IRA), tax deferred annuity or similar retirement account - describe and list amounts:

Vehicle owned by individual

Model and year:

Check one: ___ car ___ van ___ truck ___ other, describe:

Current fair market value:

If market value is more than $4,500, is it:

Modified for use by a person w/ disability? __ yes __ no

Used as transportation to get to work? __ yes __ no

Used for necessary medical appointments? __ yes __ no

Responsible relative with whom person resides

Check one: ___ spouse ___ parent(s) ___ other, describe:

Own home __ yes __ no

Bank accounts

Savings, list amount:
Checking, list amount:
Other, describe and list amount:

Individual retirement account (IRA), tax deferred annuity or similar retirement account - describe and list amounts:
VII. Property Essential for Self Support

Describe any property owned (and its value) that is used in job as an employee (such as mechanic’s tools, carpenter’s tools):

Describe any property owned (and its value) that is used in “self employment” (such as office equipment, company vehicle, stock, business bank account):
VIII. Employment Information
(If Employed, About to Start Working or Considering a Job)

Name, address of employer or potential employer:

Describe job (or potential job)
   Title:
   Duties:
   Hours:
   Salary/hourly wage:
   Benefits:

Date you started working (as employee):
   How job was found?
   Found on own: ___ yes ___ no
   Agency helped find job, describe:

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

Was job selected because of limits of disability? ___ yes ___ no
   If yes, please explain:

Any extra or special supervision on job? ___ yes ___ no
   If yes, describe:

Is this a “supported employment” position? ___ yes ___ no
   Agency sponsoring job:
   Is there a job coach? ___ yes ___ no
   Name:
   Hours per month:
   Services performed:
   How long will job coach remain in picture?
Does government agency (i.e., other than employer) pay all or part of wage? __ yes __ no

Please describe:

Please record work history (past 10 years) or attach resume/vita.

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Title</th>
<th>Duties</th>
<th>Wage/Hours</th>
<th>Dates</th>
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Briefly describe any past attempts at self-employment:

<table>
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<tr>
<th>Business Type</th>
<th>Location</th>
<th>Dates</th>
<th>Income</th>
<th>Reason for Cessation</th>
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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; $570 during calendar year 2003; and will be $580 during calendar year 2004.

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. This information is now available through the Benefits Planning Query or BPQY, which can be requested from SSA.]

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<tr>
<th>Month</th>
<th>Year</th>
<th>Gross Wages Earned</th>
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Based on information, how many TWP months left?
X. Extended Period of Eligibility (EPE) Analysis

(SSDI recipients only)

Ninth TWP month (month/year):
   Beginning of EPE (month/year):
   Last month of 36-month EPE (month/year):

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.
XI. EXPEDITED REINSTATEMENT (EXR)

A. Has individual received SSDI benefits in the past? __ yes __ no
   If no, stop and go on to B.
   If yes, continue.

Did individual lose SSDI due to performance of SGA? __ yes __ no
   If no, stop and go to B.
   If yes, continue.

Has individual completed their TWP and EPE? __ yes __ no
   If no, stop and go to B.
   If yes, continue.

Has individual either stopped working or ceased performing SGA?
   If no, stop and go to B __ yes __ no
   If yes, continue.

Interviewer should do a full screening for potential EXR eligibility on the SSDI claim.

B. Has the individual received SSI benefits in the past? __ yes __ no
   If no, stop. If yes, continue.

Did the individual lose SSI due to budgeting of wages or a combination of wages and other income? __ yes __ no
   If no, stop. If yes, continue.

Is individual currently receiving Medicaid through the 1619(b) program? __ yes __ no
   If yes, stop. The EXR provisions are not needed to reinstate SSI cash benefits.
   If no, continue.

Has individual received either SSI cash benefits or 1619(b) Medicaid within the past 12 months? __ yes __ no
   If yes, stop. The EXR provisions are not needed to reinstate cash benefits.
   If no, continue.
Would individual be eligible for SSI based on current income because he/she either stopped working or is now earning less money?  __ yes __ no

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

Interviewer should do a full screening for potential EXR eligibility on the SSI claim.
XII. Health Insurance Needs

Health insurance coverage, check each that is available:

___ Medicaid
  Amount of spend down, if any:
  If enrolled in a Buy-In program, amount of premium, if any:
  *(Note: Not every state will have a Medicaid spend down or Medicaid Buy-In program.)*

___ Medicare
  ___ Part A (hospitalization)
  ___ Part B (outpatient)
  Does individual pay Part B premium?  __ yes __ no
  *Discuss availability of Medicaid payment of Part B premium*

___ Private insurance
  Monthly/quarterly/yearly premium paid by individual:

___ Other, please describe:
  Total out-of-pocket expenses for spend downs, premiums:
  Monthly:       Yearly:

Special Medicaid categories

If not eligible for Medicaid, or receive Medicaid with a spend down:
  Did you receive SSI in the past?  __ yes __ no
  Section 1619(b) eligibility:
    Did you lose SSI due to wages?  __ yes __ no
    If yes, go through 1619(b) eligibility work up.

Medicaid eligibility under SSDI/DAC, SSDI for widows/widowers, Pickle Amendment provisions:
  Did you lose SSI due to receipt of some form of Social Security benefits?  __ yes __ no
  If yes, please describe:
    *Go through work up for special eligibility categories.*

*If your state has a Medicaid Buy-In and individual is not otherwise eligible for Medicaid or for Medicaid with a spend down, screen for buy-in eligibility.*
Doctor visits
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
       Monthly:                  Yearly:

Psychiatrist visits
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
       Monthly:                  Yearly:

Mental health counseling
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
       Monthly:                  Yearly:

Other therapies (occupational, physical, speech, etc.)
   Please describe
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
       Monthly:                  Yearly:

Home health care
   Estimate monthly or annual costs:
   What purpose?
   How covered?
   Total out-of-pocket expenses
       Monthly:                  Yearly:
Medication

   Estimate monthly or annual costs:
   Describe each medication and purpose?
   How covered?
   Total out-of-pocket expenses
       Monthly:
       Yearly:

Other health-related costs

   For each, list item(s), monthly or annual costs, purpose and how covered:

<table>
<thead>
<tr>
<th>Item</th>
<th>Monthly/Annual Cost</th>
<th>Purpose</th>
<th>How Covered</th>
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   |      |                     |         |             |
   |      |                     |         |             |

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XIII. Analysis of Impairment Related Work Expenses

Remember three-part criteria for IRWE: Individual must pay expense in question; Item/expense must be related to disability; and, Individual could not work if he or she did not receive item or service.

Transportation IRWE
   Nature of item/service:
   How related to disability and work:
   Monthly cost:

Medication IRWE
   Nature of item/service:
   How related to disability and work:
   Monthly cost:

Health insurance IRWE (premiums, co-payments, deductibles)
   (Note: Current SSA policy allows IRWE deductions for co-payments and deductibles, but not for premiums.)
   Nature of item/service:
   How related to disability and work:
   Monthly cost:

Other IRWEs (check each that applies and describe below):
   ☐ attendant care at home ☐ attendant care at work ☐ medical devices
   ☐ prosthetic devices ☐ work related equipment
   ☐ residential modification to work away from home
   ☐ residential modifications to work at home

Other # 1
   Nature of item/service:
   How related to disability and work:
   Monthly cost:

Other # 2
   Nature of item/service:
   How related to disability and work:
   Monthly cost:
XIV. Blind Work Expenses (BWEs)

Is the individual legally blind?  __ yes __ no

If legally blind and individual is working:

Is the individual an SSI recipient?  __ yes __ no

*If yes, do BWE work up.*

If the person is not an SSI recipient, do work up for potential SSI eligibility using BWEs.

If legally blind and not currently working, explain potential for BWEs.
XV. Analysis of Subsidies

Remember why we look for a subsidy: to ensure that only earnings that represent the true value of the work a person is performing are considered in making the determination of SGA.

Subsidy checklist

Is government agency paying part of wage? __ yes __ no
Does individual get special assistance on the job? __ yes __ no
Does individual perform fewer duties than others? __ yes __ no
Does employer accept less productivity than from others? __ yes __ no
Does individual receive extra rest periods/breaks? __ yes __ no
Is individual frequently absent or working irregular hours because of disability? __ yes __ no
Does individual receive job coach assistance? __ yes __ no

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

Calculate value of monthly subsidy, indicating countable wages after subsidy:
XVI. SSI Plan for Achieving Self Support (PASS)

Does individual have an approved PASS? __ yes __ 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? __ 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):

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? __ 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>
</table>

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XVII. Ticket to Work

Has SSA started to implement the Ticket program in your state? __ yes __ no
If no, stop. If yes, continue.

Is individual receiving services under a Ticket? __ yes __ no
If no, stop. If yes, continue.

Name of Employment Network: ____________________________________________
Contact at EN: __________________________________________________________
Describe services received from EN: _________________________________________

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.
**BENEFITS SCREENING PROFILE**
A SAMPLE COMPLETED QUESTIONNAIRE

Name of Interviewer: Connie Michaels  
Date of Interview(s): 9/24/06  
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

<table>
<thead>
<tr>
<th>Name: Anne Perreault</th>
<th>Social Security #: 000-00-0000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Anywhere</td>
<td>County of residence: Local</td>
</tr>
<tr>
<td>State of residence: USA</td>
<td>Date of birth: 7/2/65</td>
</tr>
</tbody>
</table>

**Type of residence, check one:**

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

<table>
<thead>
<tr>
<th>Home phone: 888-8888</th>
<th>Work phone: 999-9999 (emergency calls only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: N/A</td>
<td>E-mail: N/A</td>
</tr>
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</table>

**Residential placement funding (specify):**

**Married / single / divorced**

<table>
<thead>
<tr>
<th>Name of spouse: N/A</th>
</tr>
</thead>
</table>

**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
II. Personal Direction and Future Outlook

Reason for referral:

*Wants to know if still eligible for SSDI despite her working for nearly 2 years.*

Expectations for services being requested:

*Wants to know if she was entitled to the SSDI checks received to date. Is she entitled to any SSDI checks in the future?*

Preferred location to receive services:

Individual’s long-range dreams and aspirations:

Employment:

*Maintain her current employment. In future, work in supervisory capacity, or run her own business doing this work.*

Postsecondary and/or continuing education:

*None at this time.*

Community living:

*Continue in her own apartment.*

What the person expresses they need to achieve their desired outcomes:

*Timely information regarding benefits – i.e., benefits advisement. Rehabilitation counseling support.*

Individual’s current family and social connections:

*66 year old mother, Madeline Perrault; 20 year old daughter, Jill Perrault; one close friend, Mary Jamison, who also is in treatment for mental illness. Mother – Does things socially with Anne. They go to church, to dinner, to movies together. They support each other. Daughter – Calls on the phone; visits on weekends. Has car and often takes Anne shopping. Friend, Mary – A person with similar problems. She is the one person, other than Anne’s therapist, that Anne can really confide in about her disability. Anne talks to her by phone 3 to 4 times per week.*
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?  X yes __ no
Name(s), address(es) of doctor(s) or therapist(s):

Dr. Renee Paul, Psychiatrist  John Johnson, MSW, Counselor
Southside Counseling Center  Same address
22 Elm Street  Same address
Buffalo, N.Y.  14203

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.
IV. Involvement With Other Agencies / Support Systems

Is the individual still enrolled in secondary school?  __ yes  X  no
   If yes, name of school:
   Name, phone number of teacher:
   Describe education program:

Is the individual enrolled in continuing education or a postsecondary education institution?  __ yes  X  no
   If yes, name of school:
   Name, phone number of counselor:
   Describe education program:

Is the individual involved with the state VR agency?  X  yes  __  no
   If yes, name of agency:
   NYS Office of Vocational and Educational Services to Individuals with Disabilities (VESID)
   Name, phone number of VR counselor:  Teddy Thomas, 847-0000
   Describe program, services getting from agency:
   Paid for past job coaching supports. Still paying for limited case management supports from ABC Rehab.

Is the individual involved with a private VR agency?  X  yes  __  no
   If yes, name of agency:  ABC Rehab
   Name, phone number of VR counselor:  Donna Romero, Case Manager
   Describe program, services getting from agency:
   Meets with Anne 2 to 4 times per month to discuss problems on job, develop strategies to deal with them.

Is the individual involved with the State MR/DD system?  __ yes  X  no

Is the individual involved with the State MH system?  __ yes  X  no

Is the individual involved with any other agencies?  __ yes  X  no

Briefly describe other informal or unpaid supports in the individual’s life (family, friends, etc.):
V. Monthly Income

Unearned Income:

SSDI amount: $486

Type of benefit (check appropriate benefit):

- [X] Against own record
- [ ] Disabled Adult Child
- [ ] Widows/Widowers
- [ ] Other:
- [ ] Unknown

Unemployment amount: No other unearned income

Veteran’s benefit amount:

Railroad Retirement Pension amount:

Alimony / Palimony amount:

Child Support amount:

Private disability insurance amount:

Worker’s Compensation amount:

Other amount (specify types):

Financial Needs-Based Assistance (means tested):

SSI amount: None currently, received in past

Pell grant amount: None

TANF amount: None

Food stamps amount: None

State subsidized housing: [X] yes

HUD: [X] yes

Other amount (specify types): None

Anyone in household receive welfare benefits? [X] no

Describe form and amount:

If individual receives SSDI or SSI:

Name, address of Social Security office serving them:

Buffalo District Office, 111 West Huron Street, Buffalo, N.Y. 14202

If known, name, address, phone, fax and email address of Claims Representative serving them:

Gary Janes, same address, 845-1234, 845-1238 (fax), gjanes@ssa.gov
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 2006 will be busy season.

Other income in household: N/A

Spouse, describe form and amount:

Children, describe form and amount:
VI. Resources (Relevant to SSI, Medicaid eligibility.)

The individual

Own home
   ___ yes  X  no
   If jointly owned, please indicate other owner(s):

Bank accounts
   Savings, list amount:  $350
   Checking, list amount:  $229
   Other, describe and list amount:  none

Individual retirement account (IRA), tax deferred annuity or similar retirement account - describe and list amounts:
   N/A

Vehicle owned by individual
   Model and year:  N/A

Responsible relative with whom person resides
   Check one:  ___ spouse  ___ parent(s)  ___ other, describe:  N/A
VII. Property Essential for Self Support

Describe any property owned (and its value) that is used in job as an employee (such as mechanic’s tools, carpenter’s tools):

\[ N/A \]

Describe any property owned (and its value) that is used in “self employment”(such as office equipment, company vehicle, stock, business bank account):

\[ N/A \]
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 2006

How job was found?

Placed by ABC Rehab

__ yes X no

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?

X yes __ no

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 X no

If yes, describe:

Is this a “supported employment” position?

X yes __ no

Agency sponsoring job:

Is there a job coach?

X yes __ no

Name: Jerry Greene
**Hours per month:**
13 hours per month, January – March 2006

**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 than employer) pay all or part of wage?**

<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 100 hours per month</td>
<td>1/06-9/06</td>
</tr>
<tr>
<td>ABC Rehab, Inc. Bulk Mail Service</td>
<td>Bulk Mail Specialist</td>
<td>Nearly identical to above, in a More supported Environment.</td>
<td>$6.60/hour 100 hours per month</td>
<td>1/05-12/05</td>
</tr>
<tr>
<td>J.C. Penny Cheektowaga, N.Y.</td>
<td>Sales Clerk</td>
<td>Wait on customers run cash register</td>
<td>$5/hour</td>
<td>Fall 1997</td>
</tr>
<tr>
<td>Kelly Services Buffalo, N.Y.</td>
<td>Temporary secretary jobs</td>
<td>General office</td>
<td>$5 to $7/hr.</td>
<td>Sporadic 1995-97</td>
</tr>
<tr>
<td>General Accounting, Inc.</td>
<td>Secretary</td>
<td>Typing, filing, Telephone, make Appointments</td>
<td>$14,000/yr.</td>
<td>1990-94</td>
</tr>
</tbody>
</table>

Briefly describe any past attempts at self-employment:

<table>
<thead>
<tr>
<th>Business Type</th>
<th>Location</th>
<th>Dates</th>
<th>Income</th>
<th>Reason for Cessation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IX. Trial Work Period (TWP) Analysis

Date when first received SSDI?  
January 1998

Has person worked and earned more than $200 in any month(s) since first receipt of SSDI?  
X  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?  
No

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?  
X  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>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<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?
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.
XI. EXPEDITED REINSTATEMENT (EXR)

A. Has individual received SSDI benefits in the past?  X_ yes __ no
   If no, stop and go on to B.
   If yes, continue.

   Did individual lose SSDI due to performance of SGA?  X_ yes __ no
   If no, stop and go to B.
   If yes, continue.

   Has individual completed their TWP and EPE?  __ yes X_ no
   If no, stop and go to B.
   If yes, continue.

   Has individual either stopped working or ceased performing SGA?  __ yes X_ no
   If no, stop and go to B
   If yes, continue.

   Interviewer should do a full screening for potential EXR eligibility on the SSDI claim.

B. Has the individual received SSI benefits in the past?  X_ yes __ no
   If no, stop.  If yes, continue.

   Did the individual lose SSI due to budgeting of wages or a combination of wages and other income?  X_ yes __ no
   If no, stop.  If yes, continue.

   Is individual currently receiving Medicaid through the 1619(b) program?  X_ yes __ no
   If yes, stop.  The EXR provisions are not needed to reinstate SSI cash benefits.
   If no, continue.

   Has individual received either SSI cash benefits or 1619(b) Medicaid within the past 12 months?  __ yes __ no
   If yes, stop.  The EXR provisions are not needed to reinstate cash benefits.
   If no, continue.
Would individual be eligible for SSI based on current income because he/she either stopped working or is now earning less money? __ yes __ no

If no, stop. If yes, continue.

Interviewer should do a full screening for potential EXR eligibility on the SSI claim.
XII. Health Insurance Needs

Health insurance coverage, check each that is available:

_X_ Medicaid
   Amount of spend down, if any:
   none (appears to be 1619(b) recipient)
   If eligible through a Buy-In, the amount of premium, if any:

_X_ Medicare
   X_ Part A (hospitalization)
   X_ Part B (outpatient)
   Does individual pay Part B premium? X yes __ no
   Discuss availability of Medicaid payment of Part B premium

__ Private insurance
   Monthly/quarterly/yearly premium paid by individual:

__ Other, please describe:
   Total out-of-pocket expenses for spend downs, premiums:
   Monthly: Yearly:

Special Medicaid categories

If not eligible for Medicaid, or receive Medicaid with a spend down:
   Did you receive SSI in the past? X yes __ no
   Section 1619(b) eligibility:
      Did you lose SSI due to wages? X yes __ no
      If yes, go through 1619(b) eligibility work up.
      (Interviewer’s note: Appears to be getting Medicaid through 1619(b))

Medicaid eligibility under SSDI/DAC, SSDI for widows/widowers, Pickle Amendment provisions:
   Did you lose SSI due to receipt of some form of Social Security benefits? __ yes X no
   If yes, please describe:
      Go through work up for special eligibility categories.
If your state has a Medicaid Buy-In and individual is not otherwise eligible for Medicaid, screen for buy-in eligibility.

**Doctor visits**

**Estimate monthly or annual costs:** $200/year

**What purpose?**

*Periodic check ups, as needed when sick*

**How covered?**

*Medicaid and Medicare*

**Total out-of-pocket expenses**

   Monthly: $0
   Yearly: $0

**Psychiatrist visits**

**Estimate monthly or annual costs:** $600

**What purpose?**

*Monitor counseling progress and medication*

**How covered?**

*Medicaid and Medicare*

**Total out-of-pocket expenses**

   Monthly: $0
   Yearly: $0

**Mental health counseling**

**Estimate monthly or annual costs:** $1,200/year

**What purpose?**

*Ongoing treatment*

**How covered?**

*Medicaid*

**Total out-of-pocket expenses**

   Monthly: $0
   Yearly: $0

**Other therapies (occupational, physical, speech, etc.):** N/A

**Home health care:** N/A

**Medication:**

**Estimate monthly or annual costs:** $120 mos/$1,440 yr

**Describe each medication and purpose?**

*Prozac, to treat depression*

**How covered?**

*Medicaid*

**Total out-of-pocket expenses**

   Monthly: $0
   Yearly: $0
### Other health-related costs

For each, list item(s), monthly or annual costs, purpose and how covered:

<table>
<thead>
<tr>
<th>Item</th>
<th>Monthly/Annual Cost</th>
<th>Purpose</th>
<th>How Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus fare – travel To appointments</td>
<td>$7.50/month, $90/year</td>
<td>Psychiatrist, mental health Counselor visits</td>
<td>out-of-pocket</td>
</tr>
<tr>
<td>Over-the-counter medications</td>
<td>$5/month, $60/year</td>
<td>As needed</td>
<td>out-of-pocket</td>
</tr>
</tbody>
</table>
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:  $66.60

[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
XIV. Blind Work Expenses (BWEs)

Is the individual legally blind?  __ yes  X  no

If the answer is yes, do work up for BWEs.
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
- Is individual frequently absent or working irregular hours because of disability? X yes __ 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 2006, 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 2006, 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>
</table>
| Automobile     | *Allow her to travel*  
To places of employment in  Suburbs, or allow her needed  Vehicle to establish her own  Bulk mail business* | $8,000 for good used car   |
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:**

10/05-12/05: Non-SGA months, only $660 in monthly earnings ... SSDI checks due

1/06-3/06: Non-SGA months, less than $810 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 2006, reducing wages below $810 SGA amount.]

4/06: Benefit cessation month (i.e., first month of SGA within EPE)

4/06-6/06: Grace period (cessation month and next two months) ... SSDI checks due

7/06: SGA month ... no SSDI check due

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

8/06, 9/06: Same analysis as July

10/06, 11/06, 12/06: SGA months ... no SSDI checks due

[\text{With expected wages of $1,400 per month, there are not enough projected IRWEs and subsidies, no matter how calculated, to reduce wages below $810.}]

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