

Guidelines for SSI Referrals (front)

Individuals who are unable to work because of age, blindness or disability may be eligible to receive Supplemental Security Income (SSI) and/or Social Security Disability (SSD) benefits. Individuals are considered disabled if they cannot perform substantial gainful activity (work) because of a medically determinable physical and/or mental impairment which is expected to last for 12 months or more, or result in death.

Social Service District Responsibility	Applicant/Recipient Responsibility
<ol style="list-style-type: none"> 1. Evaluate an individual’s potential to qualify for SSI by (Also, see Reverse): <ul style="list-style-type: none"> ❑ Reviewing medical history for diagnosed and/or treated chronic diseases ❑ Observing behavioral/mental characteristics ❑ Reviewing vocational factors and work history 2. If appropriate, refer applicant/recipient (A/R) to apply for SSI benefits and complete LDSS-2474 “SSI Referral and Certification of Contact” form 3. If necessary, assist applicants or recipients who have trouble navigating or lack the motivation to cooperate with the SSI benefits application or appeals process with the following: <ul style="list-style-type: none"> ❑ Obtain signatures for medical release ❑ Obtain medical and/or supporting documentation ❑ Assure that A/R attends medical appointments ❑ Assist in representing A/R in SSA appeals process 4. Enter the appropriate SSI Status code Example: “2-Pending” for an individual whose SSI application is pending 5. Utilize appropriate employability code <ul style="list-style-type: none"> ❑ Example: Employability code 43 –Incapacitated (SSI application filed), unless the district determines that another employability code is more appropriate based on case circumstances 6. Track and monitor referrals submitted to SSA 7. Maintain security and confidentiality of SSA data 	<p>Any Temporary Assistance (TA) applicant or recipient who appears to qualify for Supplemental Security Income (SSI) benefits must, as a condition of eligibility or continued eligibility, pursue SSI benefits. The pursuit of SSI benefits includes the following:</p> <ol style="list-style-type: none"> 1. Applying for SSI 2. Cooperating in the SSI application process 3. Appealing an SSI eligibility denial when the district determines such appeal is required 3. Accepting SSI benefits <p><u>Failure to Comply with Requirement to Pursue SSI Benefits</u></p> <ul style="list-style-type: none"> • An incremental sanction must be imposed when any TA applicant or recipient refuses without good cause to pursue SSI benefits for himself or herself or for a member of the TA household • For single households. Deny or discontinue assistance • Adult caretaker - If the adult caretaker is not in receipt of TA, no sanction is imposed <p style="text-align: center;">References</p> <ul style="list-style-type: none"> • 08-ADM- 04 • 07-LCM-04 • 06-ADM-06 • 18 NYCRR 369.5 • 18 NYCRR 370.2 (b) (5) • 18 NYCRR 352.30 (f)

Guidelines for SSI Referrals (back)

To appropriately refer an individual to apply for Supplemental Security Income (SSI) benefits it is important to review an applicant’s or recipient’s age (65 or older), medical history and work history. Also, observations about the individual’s behavior and mental characteristics must be evaluated. An appropriate SSI referral may ultimately reduce or eliminate an applicant or recipient’s need for Temporary Assistance (TA) benefits.

Observe Behavioral/Mental Characteristics	Review medical history for diagnosed and/or treated chronic diseases
<ul style="list-style-type: none"> <input type="checkbox"/> Disorientation/confusion <input type="checkbox"/> Inappropriate responses/reactions <input type="checkbox"/> Non-responsiveness <input type="checkbox"/> Poor personal hygiene habits/unkept appearance <input type="checkbox"/> Marked difficulty in sitting, standing, lifting, bending, kneeling, pushing, pulling <input type="checkbox"/> Use of, or dependency on, prosthesis or medical appliances such as walker, crutch, artificial limb, cane, body brace, magnification device or pacemaker <input type="checkbox"/> Complaints of constant or periodic pain <input type="checkbox"/> Poor concentration or attention span <input type="checkbox"/> Poor memory for recent or remote events <input type="checkbox"/> Amputation/paralysis of limbs <input type="checkbox"/> Unusual or inappropriate mood/depression/anger <input type="checkbox"/> Unusual mannerism <input type="checkbox"/> Unusual fears or inhibitions <input type="checkbox"/> Agitated, disruptive or hostile behavior <input type="checkbox"/> Bizarre appearance / inappropriate dress <input type="checkbox"/> Acting out/hallucinations <input type="checkbox"/> Severe anxiety/nervousness 	<ul style="list-style-type: none"> <input type="checkbox"/> Heart Disease/chronic chest pain <input type="checkbox"/> Cancer <input type="checkbox"/> Alzheimer’s <input type="checkbox"/> Emphysema/cystic fibrosis/lung disease <input type="checkbox"/> AIDS (Acquired Immune Deficiency Syndrome) <input type="checkbox"/> HIV with related illnesses <input type="checkbox"/> Hepatitis/liver disease <input type="checkbox"/> Leukemia/blood disease <input type="checkbox"/> Uncontrolled asthma <input type="checkbox"/> Brain injuries that prevent employment <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Uncontrolled diabetes <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease/cirrhosis <input type="checkbox"/> Alcohol/drug addiction <input type="checkbox"/> Multiple/extended hospitalizations <input type="checkbox"/> Periodic confinement in mental institution <input type="checkbox"/> History of treatment in mental health clinic <input type="checkbox"/> High medication usage <input type="checkbox"/> High drug expenditures <input type="checkbox"/> Deafness/poor hearing <input type="checkbox"/> Blind/poor vision

Review vocational factors and work history
<ul style="list-style-type: none"> <input type="checkbox"/> Poor /inconsistent work history <input type="checkbox"/> Age 55 or over and lacking work skills <input type="checkbox"/> Attendance in special education classes <input type="checkbox"/> Learning disability with poor or inconsistent work history <input type="checkbox"/> Previous participation in sheltered work shop/rehabilitation facility