

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. An individual is considered disabled if they are unable to 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. As a condition of TA eligibility, SSI must be pursued, and if eligible accepted, for all household members, including children.

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 back): <ul style="list-style-type: none"> <input type="checkbox"/> Review medical history for diagnosed and/or treated chronic diseases <input type="checkbox"/> Observe behavioral/mental characteristics <input type="checkbox"/> Review vocational factors and work history 2. If appropriate, refer A/Rs to apply for SSI benefits and complete DSS-2474 “SSI Referral and Certification Contact Form”. 3. If necessary, assist A/Rs 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"> <input type="checkbox"/> Obtain signatures for medical release <input type="checkbox"/> Obtain medical and/or supporting documentation <input type="checkbox"/> Assure that A/R attends medical appointments <input type="checkbox"/> Assist in representing A/R in SSA appeals process. 4. Utilize appropriate employability code. <ul style="list-style-type: none"> <input type="checkbox"/> Example: Employability code 43 –Incapacitated (SSI application filed) 5. Track and Monitor referrals submitted to SSA. 6. Maintain security and confidentiality of SSA data. 	<ol style="list-style-type: none"> 1. Must cooperate in applying for SSI benefits. 2. Must appeal an SSI eligibility denial when the district determines such appeal is required. 3. Must accept SSI benefits. <p><u>Failure to Comply with Requirement to Apply for and Accept SSI Benefits</u></p> <ul style="list-style-type: none"> • Individuals – When an individual refuses without good cause to apply for, appeal or accept SSI for him or herself, or for a child in his or her care, the penalty is the removal of the non-cooperative individual adult from the budget (incremental sanction). This is true unless it is a Rice individual. Then the penalty is a prorata reduction. • Rice Household – A <u>Rice</u> household is a multi-person Safety Net case type 16 or 17 with no individual who is under age 18, or under age 18 and attending full time secondary school or the equivalent. In a <u>Rice</u> household, when the <u>parent</u> or <u>spouse</u> refuses to apply for SSI for himself or herself, the needs of the household are reduced prorata. (94 ADM-10) • For single households. Deny or discontinue assistance. • Adult Caretaker – If the adult caretaker is not in receipt of temporary assistance no sanction is imposed. <p style="text-align: center;"><u>References</u></p> <ul style="list-style-type: none"> • 08-ADM-05 • 07-ADM-06 • 07-LCM-04 • 06-ADM-06 • 04-ADM-05 • 94-ADM-10 • 18 NYCRR 369.2 (h) • 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 or recipient’s age (65 or older), medical history and work history. Also, observations about the individual’s behavior and mental characteristic must be evaluated. An appropriate SSI referral may ultimately reduce or eliminate an applicant or recipient’s need for Temporary Assistance 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 a mental health facility <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 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