Please read this page before completing the ASSIST Referral Form.

Question: Do you consider yourself or your client/patient to be severely and chronically disabled from physical or mental conditions and cannot do any kind of work?

People that meet most of the criteria on this list have a better chance of being enrolled in our program:

- Do not have an active claim for Social Security benefits or has already been approved;
- Are engaged in active medical or mental health treatment to document the severity and chronicity of their conditions;[1]
- Are insecurely housed or homeless;
- No active use of illegal substances, or alcohol abuse; [2]
- Are 50 years or older and are not 62 years or older;
- Have been unable to work even an easy, unskilled job;
- Have tried job placement assistance services to return to any type of work. [3]

You may call us at 503-888-2690 if you are unsure if you should complete this referral form.

Social Security disability benefits are for the most severely and chronically disabled people who have been unable to support themselves for twelve months or more or their severe illness is expected to last twelve months or more.

ASSIST is a small nonprofit that receives a large number of referrals each week. We do not have the capacity to serve every referral, and we often have a weeks-long backlog to screen new referrals for enrollment. We attempt to save our open slots for people who are truly unable to work on this application on their own.

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[1] Applicants face the challenge of proving to SSA that someone cannot work at all, even in a simple and easy part-time job, because of their severe medical or mental conditions. SSA relies on medical records to determine how disabled someone is. They do not interview people to find out how sick someone is.

[2] SSA denies applicants if they determine substance abuse contributes to the applicant's inability to work. Chances of approval are improved for applicants with a history of substance abuse if they are engaged in treatment with six months or more of documented sobriety.

[3] SSA believes there are hundreds of job titles for easy jobs that someone with medical or mental health conditions could do in today's national economy. Some employment programs that serve people with disabilities are Vocational Rehabilitation Services, Galt Foundation or Relay Resources. Many employers are now better able to make accommodations for people who can work sit-down or sedentary jobs that require very little physical activity.

4412 S. Barbur Blvd., Ste. 240 Portland, OR 97239 T: 503-888-2690 F: 503-477-4177
Email: Mcalvin@AssistDBTC.com Website: www.ProgramAssist.org

A.S.S.I.S.T. Referral Form

Date: _____

Please answer <u>all</u> of these questions. If you do not know the answer please ask your client.

Name of Referring Agent/Agency:_____

Contact E-mail: _____ **Contact phone:** _____

ROI Provided? ☐ Yes ☐ No **Claim in progress**? ☐ Yes ☐ No **Initial app.** ☐
Appeal needed? ☐ Yes ☐ No (60 days from last denial date) **Reconsideration** ☐
Date of last denial: _____ **Hearing** ☐
Is there an attorney involved? ☐ Yes ☐ No **Atty. Name:** _____

First Name: _____ **Last Name:** _____

Address:_____ **Zip**_____

If homeless, please indicate "homeless" but **provide a zip code** of where they stay.

Shelter: ☐ Subsidized Housing: ☐ Transitional Housing: ☐ Couch Surfing: ☐ Perm. Housing: ☐

Date of Birth: _____ (mm/dd/yyyy) **SSN:** _____

Gender: ☐ Female ☐ Male ☐ Transgender **Client's phone:** _____

Mother's maiden name: _____ **Father's name:** _____

Client's place of birth (City & State): _____

Veteran? ☐ Yes ☐ No **HMIS Number?** _____

Race: ☐ Multiracial, ☐ Latino, ☐ Black, ☐ Indigenous American, ☐ Asian, ☐ Pacific Islander, ☐ Middle Eastern, ☐ Caucasian, ☐ Other: _____

Does client have any insurance: None, OHP/Medicaid, Medicare, Ins. Co. Name_____

Is client chronically homeless? HUD Definition: last 12 mths. or 4 times in last 3 yrs. ☐ Yes ☐ No

Is the Client Head of Household ☐ Yes ☐ No

Education: What grade completed? _____

Does client have any income? P/T work, VA benefits, TANF, Workers' Compensation, Unemployment, or Other: _____

Approximately how much per month?_____

Do they have any property or possessions that could be turned into cash? If yes, briefly, what items? _____

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Brief employment history: _____

_____

How long since last employed full-time? _____

Disabling symptoms: _____

Established diagnoses: _____

_____

Roughly how long have the client's severe conditions been disabling? _____

Treatment history:

Psychiatric Hospitalizations? (appx dates): _____

On-going psychiatric treatment? Where?_____

Medical Hospitalizations? (appx dates) _____

On-going medical treatment? Where? _____

Primary care provider's names? _____

How long with this provider? _____

Other treatment providers?_____

_____

Primary medications: _____

Substance abuse* ☐Yes ☐ No (Drug of choice) _____

Level of use: ☐ Mild ☐ Moderate ☐ Heavy

Clean and Sober? ☐Yes ☐No How Long? _____

Is/was client involved in a treatment program? ☐Yes ☐No, Completed?_____

Any criminal history* _____

**This alone will not disqualify our help.*

Briefly describe in your opinion <u>why</u> you think this client is unable to work. Please be specific.

_____

_____

_____

_____

_____

PLEASE FAX COMPLETED FORM TO (503) 477-4177

Please Note: Filing a Social Security disability claim is an American right. If your client believes they are disabled and A.S.S.I.S.T. opts not to represent this person, it is very important to let them know they should contact the Social Security Administration to start the claims process on their own.

Social Security Administration's telephone number is **1-800-772-1213**

For free case consultations please contact ASSIST at 503-888-2690.

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