 **SOAR Program MSR Review Worksheet**

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| **SOAR Case Information** | | | | | |
| **SOAR Client Name:** | | | **SSN:** | | **HMIS:** |
| **Protective Filing Date:** | | **Filing Deadline (60 days after PFD):** | | | |
| **SOAR CM:** | **Evaluator:** | | | **Evaluation Date:** | |

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| **Checklist for Initial Claims** |
| *A complete SOAR Application includes the following components:*  Medical Summary Report  Medical Records  SSA-8000: Application for Supplemental Security Income (SSI)  SSA-827: Authorization to Disclose Information to SSA  SSA-1696: Appointment of Representative  *(If applicable)*  SSA-3373: Function Report (only needed if a medical summary report is not submitted)  SSA-4814: Medical Report on Adult with Allegation of Human Immunodeficiency Virus (HIV) Infection  *Online Forms*  SSA-3368: Disability Report—Submitted on:  SSA-16: Application for Social Security Disability Insurance (SSDI)—Submitted on: |

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| **MSR Overall Appearance** |
| MSR includes applicant identifying information (Name, DOB, SSN)  MSR is grammatically sound with minimal typos  MSR is well and concisely written  MSR includes quotes from the applicant  MSR includes contact information for the SOAR Case Manager  Sufficient Overall Appearance  Insufficient Overall Appearance |
| **Comments:** |

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| **Introduction** |
| Client demographics (age, weight, etc.)  Physical description of the client  Information on CMs overall impressions of the client and description of client interactions  Sufficient Introduction  Insufficient Introduction |
| **Comments:** |

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| **Personal History** |
| The “Personal History” should include all of the following things if relevant to the disability/claim:  Current living situation  Prior living situation  Homeless history  Family background  Marital/intimate relationships  Trauma/Victimization  Educational history  Legal history  Sufficient Personal History  Insufficient Personal History |
| **Comments:** |

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| **Occupational History** |
| Employment history  Timeline of work history in the past five years  Description of the types of jobs that client has worked throughout life  Discussion of reason for job loss and/or inability to work  Sufficient Occupational History  Insufficient Occupational History |
| **Comments:** |

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| **Physical Health** |
| Any health problems, illnesses, or injuries that may contribute to disability  Chronological history of the medical condition including symptoms and treatment  List of current medications taken for physical disability and description of why medication is being taken  Description of treatment/medication side effects  Reference to applicable Blue Book listings and use of Blue Book language to describe symptoms  Reference to available medical records  Case Manager’s observation of the medical symptoms  Sufficient Physical Health Section  Insufficient Physical Health Section |
| **Comments:** |

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| **Substance Use** |
| Address all of the following points as they relate to the disability  Description of current and past use  When use started and how it relates to personal history  Patterns of use (points of heaviest use, triggering events, etc.)  Relationship of substance use to other illnesses or disorders  Information about periods of abstinence and their effect on symptoms and functioning  Reference and discussion of drugs and alcohol mentioned in medical records  Discussion of if/how the applicant’s drug and alcohol abuse is material to the disabling condition  Sufficient Substance Use Section  Insufficient Substance Use Section |
| **Comments:** |

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| **Psychiatric History and Treatment** |
| Description of psychiatric symptoms using language in the Blue Book listings  Age of psychiatric symptoms onset  List of mental health diagnoses  Course of illness/disorder  Chronological history of mental health condition, including symptoms and treatment  Reference and discussion of medical records  Sufficient Psychiatric Section  Insufficient Psychiatric Section |
| **Comments:** |

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| **Functional Information** |
| Impairment in the ADLs (Functional Area I)  Impairment in social functioning (Functional Area II)  Impairment in Concentration, Persistence, and Pace (Functional Area III)  Repeated episodes of decompensation (Functional Area IV)  MSR connects functioning impairments to specific symptoms of the disabling condition  Functioning Information demonstrates the impact of the applicant’s medical and/or mental health conditions on the   ability to work  Sufficient Functional Section  Insufficient Functional Section  (Remember that the functional impairment section is one of the most critical sections of the MSR and should be specific and thorough in describing client’s impairment) |
| **Comments:** |

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| **General Comments** |
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