 **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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