

Connecting Unaccompanied Youth Experiencing Homelessness to Social Security Disability Benefits

The Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) model helps increase access to Social Security Administration (SSA) disability benefits for children, youth, and adults who are experiencing or at risk of homelessness who have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. Use of the SOAR model's critical components can increase approval rates on SSI/SSDI applications, resulting in a significant step toward housing stability, resiliency, and recovery. SOAR's intensive engagement process and holistic approach to SSI/SSDI application assistance can be a critical support for unaccompanied Runaway and Homeless Youth (RHY), particularly those experiencing intersectional identities,* including black and other non-white youth and youth who identify as Lesbian, Gay, Bisexual, Transgender, and Questioning (or Queer) (LGBTQ+).

The Issue

For the purposes of this brief, we use the term **unaccompanied youth** to describe persons under the age of 25 who are not part of a family with children or not accompanied by a parent or guardian during their episode of homelessness.

How Many Youth Experience Unaccompanied Homelessness?

The nature of youth homelessness makes it difficult to accurately ascertain the frequency and duration of youth experiences of homelessness, as many may be undercounted due to staying with friends or family (e.g., sleeping on couches or doubling-up), or due to returning home prior to accessing services. The 2019 U.S. Department of Housing and Urban Development (HUD) Point-in-Time Count found that over 35,000 unaccompanied youth were experiencing sheltered or unsheltered homelessness at a single point in time in January 2019.¹ Further, data from the National Center for Homeless Education reports that during the 2016-2017 school year, 118,364 youth experiencing homelessness were enrolled in public schools (8.7 percent of the total population of students experiencing homelessness).² This data, from the U.S. Department of Education, includes students who are living "doubled-up" with others. A study

by Chapin Hall estimates that each year 1 in 30 youth, ages 13 to 17, and 1 in 10 young adults, ages 18 to 25, experience some form of homelessness.³

Disproportionate Representation of LGBTQ+ Youth

Studies have consistently shown that LGBTQ+ youth are disproportionately represented in systems of care and the RHY population. LGBTQ+ youth comprise between 30-45 percent of the overall RHY population, compared to an estimated 5-10 percent of the overall youth population,⁴ with the greatest over-representation occurring among RHY populations in large urban areas. Further, studies show that youth who identified as black or multiracial and LGBTQ+ had the highest rates of homelessness.⁵

Youth Homelessness and Behavioral Health

Youth experiencing homelessness have higher rates of negative health outcomes compared to their housed counterparts including HIV, sexually transmitted diseases, behavioral health disorders, substance misuse, and violent victimization. Specifically, LGBTQ+ youth experiencing homelessness are significantly more likely than their heterosexual youth experiencing homelessness counterparts to have a current major depressive episode, post-traumatic stress disorder (PTSD), suicidal ideation, and at least one suicide attempt.⁶ Transgender youth also

* Intersectional identities or intersectionality recognizes that the social and political identity markers (e.g., race, gender, ethnicity, class, sexuality) that describe us overlap and intersect.

display higher rates of violence victimization,⁷ depression, and suicidality than among their cisgender peers.⁸ In general, youth experiencing homelessness have a higher rate of exposure to trauma and adverse childhood experiences, which in turn can contribute to impairments in cognitive and executive functioning, as well as a higher risk for depression and PTSD.⁹ A literature review by the U.S. Department of Health and Human Services suggests that mental illness may be a contributing factor to a young person's entry into homelessness, and then homelessness itself exacerbates these conditions.¹⁰

Terminology Best Practices

There are many more terms used in the LGBTQ+ community and the language is always evolving. If someone uses a term or pronoun* with which you are unfamiliar, the best practice is to politely ask the person what that term means for them. It is important to let youth self-identify and only use terms they have asked you to use. Pronouns may include: He/Him/His, She/Her/Hers, They/Them/Theirs, Ze/Hir.

Who are LGBTQ+ Youth?¹¹

For the purposes of this brief, the acronym "LGBTQ+" youth is used as an umbrella term to refer to individuals who have diverse sexual orientations, gender identities, and expression (SOGIE, pronounced "so-gee").

- **Lesbian:** A girl/woman who is emotionally and sexually attracted to other girls/women.
- **Gay:** A boy/man who is emotionally and sexually attracted to other boys/men. *Note: some girls/women who experience same-gender attraction may also refer to themselves as gay.*
- **Bisexual:** A person who is emotionally and sexually attracted to people of their own gender and people of other genders.
- **Gender Fluid:** A term that describes a person who does not identify themselves as having a fixed gender. *Note: someone who identifies as Gender Fluid may use any or all pronouns; as their expression is fluid, not static.*
- **Non-Binary:** A term that describes a person who does not identify as male or female. Some people have a gender that blends elements of male and female or that is different than either male or female.
- **Transgender:** A person whose internal sense of their gender does not align with the sex they were assigned at birth. This term is also an umbrella term that

includes people who identify as gender non-binary, gender non-conforming, etc.

- **Questioning:** A term that describes an individual who may still be unsure of their primary sexual orientation and/or gender identity.

Risk for Youth Homelessness

A national survey effort led by the University of Chicago's Chapin Hall utilizes multiple research methodologies, including in-depth youth interviews; surveys of youth, service providers, and households; and national youth counts. The 2016 Voices of Youth Count (VoYC) identified multiple subpopulations of youth at high risk for experiencing homelessness or unstable housing.

- Black youth had an **83 percent higher risk** of experiencing homelessness. Hispanic, non-white youth had a 33 percent higher risk for experiencing homelessness.
- LGBTQ+ youth had a **120 percent higher risk** of homelessness compared to their heterosexual and cisgender counterparts.
- Young parents (especially those who were unmarried) were at heightened risk for homelessness. Of the youth participating in the National Survey portion of the VoYC, 10 percent of the girls aged 13 to 17 years reported being pregnant or parenting. Of the girls aged 18 to 25, 44 percent reported being pregnant or parenting.¹²

Recent research has also identified numerous risk factors for youth homelessness, including family instability or conflict, abuse or exposure to trauma, multiple runaway episodes prior to age 18, and involvement in the child welfare, juvenile justice, or foster care systems.¹³

Connecting Youth Experiencing Homelessness to SSI/SSDI

Youth who are experiencing homelessness who have a serious mental illness, medical impairment, and/or co-occurring substance use disorder may be eligible for SSI or SSDI, two disability benefit programs administered by SSA. Providing comprehensive benefits application assistance using the SOAR model can increase access to income and health insurance, facilitate housing stability, and support youth in pursuing education and vocational goals. SOAR services are particularly appropriate for Healthcare Navigators and Outreach Specialists at AIDS Service Organizations (ASOs) and Community-Based Organizations (CBOs) that serve predominantly black and non-white youth.

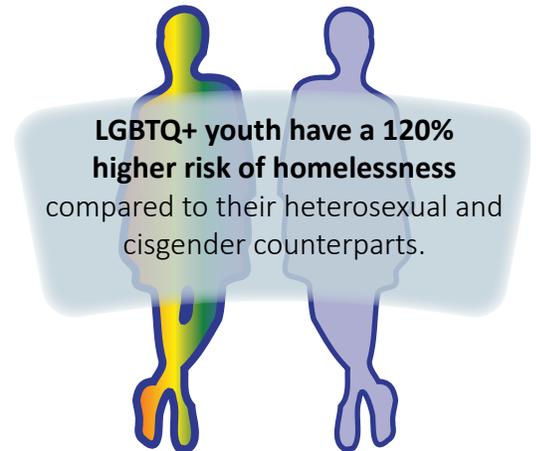
* Resource on personal pronouns available from [My Pronouns](#).

LGBTQ+ Youth Are Disproportionately Represented Among Runaway & Homeless Youth



LGBTQ+ youth comprise **5-10%** of the overall youth population.

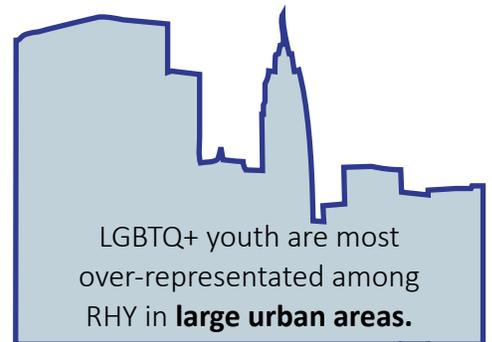
However, LGBTQ+ youth comprise **30-45%** of the runaway homeless youth (RHY) population.



LGBTQ+ youth have a **120%** higher risk of homelessness compared to their heterosexual and cisgender counterparts.



Youth who identified as **black or multiracial and LGBTQ+** had the highest rates of homelessness.



LGBTQ+ youth are most over-represented among RHY in **large urban areas**.



Youth experiencing homelessness have higher rates of negative health outcomes compared to their housed counterparts, including:

- HIV
- Sexually transmitted diseases
- Behavioral health disorders
- Violent victimization

LGBTQ+ youth experiencing homelessness are significantly more likely than their heterosexual counterparts to have:

- A current major depressive episode
- Post-traumatic stress disorder
- Suicidal ideation
- At least one suicide attempt

Compared to their cisgender peers, **transgender youth** display higher rates of:

- Violence victimization
- Depression
- Suicidality



Youth experiencing homelessness who have a serious mental illness, medical impairment, and/or co-occurring substance use disorder may be eligible for **Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)**, disability benefit programs administered by the Social Security Administration. Providing comprehensive benefits application assistance using the SOAR model can **increase access to income and health insurance, facilitate housing stability, and support youth in pursuing education and vocational goals.**

Engaging Youth Experiencing Homelessness in the SSI/SSDI Application Process

- Employ trauma-informed care
- Create inclusive and affirmative healthcare environments
- Use tools provided by the SOAR Online Course: Child Curriculum
- Leverage federal resources focused on youth homelessness

Additionally, it is important for [McKinney-Vento or Local Homeless Education Liaisons](#) and Guidance Counselors serving in school districts to understand eligibility for Social Security disability benefits because they are often the first contacts for enrolled students experiencing homelessness.

SSI and SSDI Basics for Unaccompanied Youth

Unaccompanied youth may be applying for child SSI benefits (if under age 18*) or adult SSI/SSDI benefits (if age 18 or older). The SSA definitions of disability for children and adults are different and it is important to know a few key distinctions when providing application assistance.

Engaging Youth Experiencing Homelessness in the SSI/SSDI Application Process.

Trauma-Informed Care

Many youth experiencing homelessness experienced traumatic events as children, and many are re-traumatized while living on the street. Children and youth may experience trauma at home, in the child welfare system, and through community violence and victimization. Traumatic experiences can have ongoing negative effects, including impaired development and functioning. Providers who are working with youth are encouraged to implement trauma-informed care in their service delivery systems. Trauma-informed care ensures that providers understand, and can respond to, the impact of trauma on a person's life.^{14,15} Specialized training can increase understanding of trauma, create an awareness of the impact of trauma on behavior, and help develop trauma-informed responses.* Traumatic experiences and the resulting effect(s) on functioning are important to document during the SSI/SSDI application process.

Creating Inclusive and Affirmative Healthcare Environments for LGBTQ+ Youth

LGBTQ+ youth may avoid seeking healthcare services or disclosing their sexual orientation or gender identity to health care providers due to fear of judgment, discrimination, stigma, or physical danger. As a result, they and their families may not receive appropriate services. Organizations can increase the likelihood that youth access services by providing care that is equitable and sensitive

to the needs of LGBTQ+ youth, and by creating LGBTQ+-affirming spaces. The [True Colors United Inclusion Toolkit](#) has resources that agencies can use to create inclusive and affirming environments.

Trainings on cultural and clinical competence are beneficial for all staff in developing an inclusive and affirmative health care environment. Training on the proper use of pronouns and preferred names, ensuring confidentiality, and language choice when asking open-ended questions can help create a safe and welcoming service environment. These trainings may be available by a local provider who serves youth, or online through the National LGBT Health Education Center and the [True Colors United Inclusion Course](#).¹⁶

Documenting Disability for Youth Experiencing Homelessness

For an SSI/SSDI application, SSA requires medical documentation of an applicant's disabling condition(s). Connecting youth experiencing homelessness with a mental health or medical provider to obtain psychiatric and medical evaluations can be helpful during the SSI/SSDI application process, and also is an important step in ensuring ongoing care. Medical evidence to support an SSI/SSDI application may be available from local clinics, hospitals, or crisis services that have provided treatment, even if the evaluation or treatment was of limited duration.

Youth experiencing homelessness may not have extensive medical records, so school records can be an important aspect of an SSI/SSDI application. School records may contain information about an applicant's symptoms and need for supportive services. Obtaining these records can facilitate documentation of ongoing cognitive difficulties stemming from childhood, previous IQ tests, and social skills. Similarly, juvenile justice or adult incarceration records may also be helpful in documenting disability. If an applicant has engaged in employment, gathering information from former employers about any accommodations provided or limitations in engaging in work tasks can support the application. Current and former guardians or caregivers can also be important sources of collateral information regarding the youth's ability to function.

* Additional resources on trauma-informed care and related training are available from SAMHSA's [Concept of Trauma and Guidance for a Trauma-informed Approach](#), the SAMHSA National Child Traumatic Stress Network's [Creating Trauma-Informed Systems](#), Policy Research Associates, Inc.'s [How Being Trauma-Informed Improves Criminal Justice System Responses Training](#), the National Health Care for the Homeless Council's *Healing Hands* issue on "[Delivering Trauma-Informed Services](#)" publication, and the Family and Youth Services Bureau's "[RHYIssues@aGlance What is Trauma?](#)" fact sheet.

Table 1. SSI and SSDI Benefits for Children and Adults

Disability Benefit Type	Benefit Description	SSA Definition of Disability
SSI—Child (if under age 18*)	SSI for children is a needs-based program for children who are blind or disabled, and who have limited resources and income.	<p>For children, the SSA definition of disability is:</p> <ul style="list-style-type: none"> ▪ A medically determinable physical or mental impairment (including an emotional or a learning problem) or a combination of impairments, which causes marked and severe functional limitations, that has lasted or is expected to last for a continuous period of at least 12 months or is expected to result in death. ▪ SSA is evaluating how a child’s functional abilities compare to the functional abilities of a child of the same age who does not have physical or mental impairments.
SSI—Adult (if age 18 or older)	SSI for adults is a needs-based program for individuals who are aged (65 or older), blind, or disabled, and who have limited resources and income.	<p>For adults, the SSA definition of disability is:</p> <ul style="list-style-type: none"> ▪ The inability to engage in substantial gainful activity (SGA) because of medically determinable physical or mental impairment(s) that has lasted or is expected to last for a continuous period of at least 12 months or is expected to result in death.
SSDI—Adult	SSDI provides benefits to individuals and certain family members who are insured by Social Security through contributions made through payroll taxes. SSDI eligibility does not take into account assets or resources.	<p>For adults, the SSA definition of disability is:</p> <ul style="list-style-type: none"> ▪ The inability to engage in SGA because of medically determinable physical or mental impairment(s) that has lasted or is expected to last for a continuous period of at least 12 months or is expected to result in death.

Age 18 Redetermination

SOAR practitioners may also provide assistance with age 18 redeterminations when working with youth approaching age 18. At age 18, young adults who were eligible for SSI as children are evaluated to determine if they qualify for benefits under the adult definition of disability. This redetermination process is essential to many youth who continue to need the support of SSI. For children, disability is determined by “marked or severe functional limitations,” and functional abilities are compared to those of children of the same age who do not have impairments. For adults, disability is measured against the ability to perform SGA, an income level set annually by SSA (differences outlined in chart above). Due to this, an age 18 redetermination is considered a new medical decision for eligibility based on adult standards. Given that the youth may not have an expansive work history or new medical documentation, assistance with the application process using the SOAR model can be helpful.

Section 301 Status

In the event that the individual is not approved for adult disability benefits during the age 18 redetermination, providing information about Section 301 can be critical in helping the youth maintain cash benefits. A youth who has been deemed ineligible for SSI at age 18 redetermination may continue to receive benefits if they are participating in an approved special education or vocational rehabilitation program. When benefits continue under this program it is referred to as Section 301 status. The individual must have been enrolled in the program prior to the age 18 redetermination and SSI benefits will continue until the youth completes or leaves the program.

For more information about the age 18 redetermination process and Section 301, visit this [SOARWorks web page](#).

* Youth aging out of foster care can apply for adult SSI benefits up to 180 days prior to the date that their foster care eligibility will end due to age.

Learning More about SSI/SSDI Application Assistance: The SOAR Online Courses

The SAMHSA SOAR TA Center offers two online courses. The **SOAR Online Course: Adult Curriculum** trains case managers to assist adults (age 18+) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for SSI/SSDI.

The **SOAR Online Course: Child Curriculum** trains case managers to assist children and youth (under age 18) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for SSI.

The SOAR Online Courses are free and self-paced, and entail the completion of a practice adult SSI/SSDI application or child SSI application for a fictional applicant. Trainees receive 20 Continuing Education Units from the National Association of Social Workers (NASW) upon successful completion. You can find more information and register for the SOAR Online Course(s) on the [SOARWorks website](#).

Assistance for SSI/SSDI Beneficiaries

SSA Work Incentives

SOAR practitioners can also play an important role in providing information to SSI/SSDI beneficiaries about SSA work incentives that can help youth experiencing homelessness in pursuing their vocational goals and achieving income and housing stability. Work incentives are additional SSA rules that allow SSI and SSDI beneficiaries to maintain their health care and cash benefits while working. SSA has a number of resources that are specifically designed to help youth transition to adulthood and explore their vocational and educational goals. It is important when helping youth apply for SSI/SSDI to let them know that they do not need to accept the sense of inevitability of being “disabled” and an SSI recipient for life. It does not make them weak, unintelligent, or inferior to their counterparts. These work and education options allow SSI/SSDI to be a support for as long as it’s needed and can be a springboard to a stronger future. These resources are outlined in the SSA’s Red Book: A Guide to Work Incentives, [special section on youth](#).

Achieving a Better Life Experience (ABLE) Accounts

Youth experiencing homelessness who are receiving SSI or SSDI may be eligible to open an Achieving a Better Life Experience (ABLE) account to help save money for disability-related expenses. An ABLE account is a tax-advantaged account that can be used to save funds for the

disability-related expenses of the account’s designated beneficiary, who must be blind or disabled by a condition that began prior to their 26th birthday. Eligibility for SSI, as well as some other public benefits, requires that an individual maintain less than \$2,000 in cash savings or other items of significant value. Using an ABLE savings account, eligible individuals and their families will be allowed to save money associated with these expenses, without it affecting their eligibility for SSI or other public benefits. The [ABLE National Resource Center](#) has extensive resources available on finding the best ABLE Account program to meet the individual’s needs.

“Talk About Work From the Start!”

Providers should talk about SSA work incentives and the benefits of employment from the start of their interactions with a youth to help bust myths about SSI benefits and work. Check out this resource from the SAMHSA SOAR TA Center, [Yes! You Can Work!](#)

Federal Resources Focused on Youth Homelessness

The Runaway and Homeless Youth Program

The U.S. Department of Health and Human Services’ Family and Youth Services Bureau administers the Runaway and Homeless Youth Program, which funds a range of service programs including:

- The **Basic Center Program** funds local community-based public and non-profit services including outreach, crisis intervention, temporary shelter, counseling, family unification, and aftercare. These programs can serve youth up to the age of 18 and can provide 21 days of shelter.
- The **Transitional Living Program** funds transitional living projects for youth experiencing homelessness that include shelters, group homes, host family homes, and supervised apartments. In addition to housing, the programs offer physical and mental health care, education and job training opportunities, and life skills training. Participating youth must be between the ages of 16 and 22 years, and the services can last for up to 21 months.
- The **Street Outreach Program** funds non-profit agencies that provide street-based outreach and education, treatment counseling and referrals, and access to emergency shelter to youth living on the street and at-risk/or subject to sexual abuse, prostitution, or sexual exploitation.

Learn more about RHY Programs on the [HHS website](#).

HUD's Youth Homelessness Demonstration Program

HUD initiated its Youth Homelessness Demonstration Program (YHDP) in 2016. The YHDP has been designed as a mechanism to support local development of innovative strategies to reduce the number of young adults experiencing homelessness. Participating communities are required to increase collaboration between local stakeholders, increase focus on populations of youth at higher risk of experiencing homelessness, develop coordinated community action plans, and engage youth with lived experience in their processes.

Learn more about YHDP on [HUD's website](#).

Resources

The SOAR model assists youth nationwide who are experiencing or at risk of homelessness and who have a serious mental illness, medical impairment, and/or co-occurring substance use disorder in accessing SSA disability benefits. Online training in the SOAR model is available free of charge from the SAMHSA SOAR Technical Assistance Center. For more information about SOAR, contact SOAR@prainc.com or visit the [SOAR website](#).

The [National LGBT Health Education Center](#) provides educational programs, resources, and consultation to healthcare organizations with the goal of optimizing quality, cost-effective health care. Their training opportunities include online training covering many LGBT health topics.

Driven by youth, [Youth MOVE National](#) is a national chapter-based organization that focuses on providing support to young people experiencing mental health challenges and improving local service infrastructures through training and technical assistance.

[True Colors United](#) provides funds, training, education, advocacy, and youth leadership development opportunities in support of solutions focusing on LGBTQ+ youth homelessness. The [True Colors Learning Community](#) offers free toolkits and [online courses](#) on LGBTQ+ Youth Homelessness and creating [inclusive and affirming spaces](#).

The [National Alliance on Mental Illness \(NAMI\)](#) offers information and a virtual support board for teens and young adults with mental health conditions.

The [Forum on Ending Youth Homelessness](#), held in August 2018, featured a plenary presentation on [Youth-orientated Comprehensive Health Care](#) which contains helpful resources and interventions.

The [National Center for Homeless Education](#) offers information, resources, and contacts related to the education of children and youth experiencing homelessness.

For More Information

This issue brief was produced by the SAMHSA SOAR Technical Assistance (TA) Center under contract to the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA SOAR TA Center develops and provides training and technical assistance to support children and adults who are experiencing or at risk of homelessness to apply for SSA disability benefits. For more information about SOAR or to find other briefs in this series, visit [SOARWorks](#).

Disclaimer

The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, SAMHSA, or HHS.

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