

**Job Preparation Services**

**175X-Benefits Advisement**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VR District Office: | Click to enter | Provider: | Click to enter | | |
| VRC Name: | Click to enter | NYS Fiscal System ID: | | | Click to enter |
|  | | Report Date: | | Click to enter | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant First Name: | Click to enter | | Participant Last Name: | Click to enter |
| Participant Phone Number: | | Click to enter | | |
| Participant Email Address: | | Click to enter | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |  |  |  |  |  |
| **Units of Service Utilized (This Report):** | | | | | | | | Click to enter | | | |
|  | | | | | |  |  |  |  |  |  |
| **Total Units of Service Utilized:** | | | | | | | Click to enter | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
| **Dates of Service:** | | | | Click to enter | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
| **Checklist Instructions:** Listed below are a wide range of benefit advisement topics that may be relevant and appropriate to assess and/or review depending upon the needs and circumstances of each individual consumer. Please check topics that applied to your meeting(s), and provide a narrative summary: | | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |
| **Social Security** | | | | |  |  |  |  |  |  |  |
|  | SSI Recipient | | | |  | SSI Applicant | | |  |  |  |
|  | SSDI Recipient | | | |  | SSDI Applicant | | |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |
| Appeals Status: | | |  | | |  | Yes |  | No | |  |
|  | Advised/assisted in filing appeals regarding overpayment. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **Work Incentive** including: provided benefits earnings scenarios for financial planning including illustrating the current effect, effect in 3 months, 6 months, 9 months, and 1 year. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **countable income, potential loss of SSI dollars vs. actual earnings**. Provide illustrations of continued access to SSI via the 1619b programs including explaining SSI income thresholds. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **TWP** (Trial Work Period), **SGA** (Substantial Gainful Activity), **EPE** (Extended Period of Eligibility), **grace periods**, **reinstatement** and options to have **extended access to Medicare** (Sec. 1818 of SSA law) and anticipated changes and/or loss of the SSDI dollar benefit due to earnings. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding eligibility for **PASS** (Plan for Achieving Self Support) including need for referral, assistance, and/or advocacy. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding eligibility for **Impairment Related Work Expenses** including need for referral, assistance, and/or advocacy. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding specific indicators of **Subsidy** including the need for referral, assistance, and/or advocacy. | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
| **Health Care Benefits** | | | | |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |
| Medicaid | | | | |  |  |  |  |  |  |  |
|  | SSI Recipient | | | |  |  | Low Income Recipient | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Advisement for recipients who access **Medicaid due to DSS poverty thresholds**. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Advisement for **SSI recipients including 1619a/b programs**. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Advisement regarding **Medicaid Buy-In for Working People with Disabilities Programs**. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
| Medicare | | | | |  |  |  |  |  |  |  |
|  | SSDI Recipient | | | |  |  | Retired Recipient | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **Medicare earnings scenarios for SSDI** recipient including illustration of current effect, effect in 3 months, 6 months, 9 months, and 1 year (e.g., TWP, EPE and retention of Medicare and/or reinstatement of benefit). | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **Medicare and changes for Retired Recipients** across time and earnings as anticipated over 3 months, 6 months, 9 months, and 1 one year. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Advisement regarding **Medicare Part B prescription coverage & insurance options**. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Advisement regarding **private insurance for Medicare** gap. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Advisement regarding **other health insurance options** such as Healthy NY - Family Health Plus, Child Health, or other (Please specify): | | | | | | | | | | |
|  | Click to enter | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **ADDITIONAL BENEFITS ADVISEMENT** | | | | | | | |  |  |  |  |
|  | Assessment/Advisement regarding **DSS application**, support, and/or advocacy for: | | | | | | | | | | |
|  |  | Food Stamps | | |  |  | Housing |  |  | Child Care |  |
|  |  | Other (Describe): | | | | Click to enter | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding the need for non-attorney representation at **DSS Fair Hearing** | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **HESC Student Loan** default resolution. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **FAFSA and TAP** application process. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **55a/b/c programs** and application process. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **Veterans Administration Cash and Health Benefits** including the need for referral, assistance, and/or advocacy. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **State Worker benefit/short term disability, and/or Pension systems** including the need for referral, assistance, and/or advocacy. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **earnings effect on State worker benefits** including the need for referral, assistance, and/or advocacy. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | Assessment/Advisement regarding **Workers Compensation** including review of reduced earnings benefit, settlement options (e.g., Section 32), degree of disability (e.g., classification vs. scheduled loss, temporary vs. permanent, partial vs. total), and need for attorney representation. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |
| **Narrative** | | | | |  |  |  |  |  |  |  |
| Please summarize session(s), recommendations and next steps: | | | | | | | | | |  |  |
| Click to enter | | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |  |  |
| **Comprehensive Benefits Report** | | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | **Initial:** Analysis of consumer’s benefits status, concerns of consumer, impact of work on consumer’s benefits, recommendations regarding work incentives, steps the consumer must take to access benefits/incentives, other issues or concerns as result of analysis, next steps. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
|  | **Follow Up:** Activities post-comprehensive benefits report, issues addressed; hours of contact, next steps by consumer. | | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |  |  |
| **Does the person understand how to report their earned income?** | | | | | | | | | | | |
|  |  |  | | |  |  | Yes |  | No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed By:** | | | | |
|  | |  | Click to enter | |
| Qualified Staff Signature | |  | Date |  |
| Click to enter | |  | Click to enter | |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |