



**Job Preparation Services
175X-Benefits Advisement**

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

Units of Service Utilized (This Report):

Total Units of Service Utilized:

Dates of Service:

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

- | | |
|---|---|
| <input type="checkbox"/> SSI Recipient | <input type="checkbox"/> SSI Applicant |
| <input type="checkbox"/> SSDI Recipient | <input type="checkbox"/> SSDI Applicant |

Appeals Status: Yes No

- Advised/assisted in filing appeals regarding overpayment.

VR-175X

- 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).

VR-175X

- 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):

ADDITIONAL BENEFITS ADVISEMENT

- Assessment/Advisement regarding **DSS application**, support, and/or advocacy for:
 - Food Stamps
 - Housing
 - Child Care
 - Other (Describe):
- 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:

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:

Qualified Staff

Signature

Printed Name

Phone Number:

Date

Title

Email: