



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

## Benefits Advisement Checklist Benefits Advisement – 175X

- Initial Report  
 Follow Up

VR District Office:	Provider:
VR Counselor Name:	Service Date: Month: Year:

Consumer Name: First: Middle: Last:
Consumer Phone Number:
Consumer Email Address:

***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 place a checkmark next to the data and topics that applied to your meeting(s), and complete the checklist by providing 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.

## Benefits Advisement Checklist

(175X)

- 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**.
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#### 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):

### ADDITIONAL BENEFITS ADVISEMENT

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

## Benefits Advisement Checklist

(175X)

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.

### SUMMARY

Please summarize session(s), recommendations and next steps:

#### **Comprehensive Benefits Report/Follow Up to 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.

**OR**

**Follow Up:** Activities post-comprehensive benefits report, issues addressed; hours of contact, next steps by consumer.

Completed By:  
Phone Number:  
Email Address:

Title:  
Date: