

**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 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **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. |
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| **Health Care Benefits** |  |  |  |  |  |  |  |
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| 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. |
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|[ ]  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. |
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|[ ]  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. |
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| **Narrative** |  |  |  |  |  |  |  |
| Please summarize session(s), recommendations and next steps: |  |  |
| Click to enter |
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| **Comprehensive Benefits Report** |
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|[ ]  **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. |
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|[ ]  **Follow Up:** Activities post-comprehensive benefits report, issues addressed; hours of contact, next steps by consumer. |
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| **Does the person understand how to report their earned income?**  |
|  |  |  |  |[ ]  Yes |[ ]  No |  |  |

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| --- |
| **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 |