

**SOAR Data Form
New Mexico Version**

Person Assisting the Applicant

Name of Person Assisting Applicant: _____

Agency Name: _____

City: _____ State: _____

Phone Number: _____ Email: _____

Applicant

First 2 letters of first name _____ Last 2 letters of last name _____

Year of Birth _____

Gender: Female Male

Veteran: Yes No Don't Know

Housing Status: Homeless* At risk of homelessness Housed

* SOAR defines homelessness as living on the street, in shelters, doubled up or in less than permanent housing

Length of Time Homeless (as of protective filing date): _____ OR _____ OR _____
[Estimates are acceptable] Years Months Days

Was this person receiving any state, county or other public assistance (cash, check or medical insurance) prior to applying for SSI/SSDI? Yes No

If 'Yes', what type of public assistance? _____

Application Status (Please check one)

- New SOAR application (Complete section A only)
- SOAR-initiated reconsideration or appeal (Complete section B only)
- Application not initiated using SOAR (Complete section C only)

A: New SOAR Application

- | | |
|---|---|
| 1. Protective filing date (consent form faxed to SSA) | ____ / ____ / ____ (mm/dd/yyyy) |
| 2. Application date (application packet submitted to SSA): | ____ / ____ / ____ (mm/dd/yyyy) |
| 3. Completed and submitted SSA 1696 Appointment of Representative form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Were medical records collected and submitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | |
| 5. Was a medical summary report written and submitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Was report co-signed by physician or psychologist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Was quality review of application done prior to submission? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Was a Consultative Exam (CE) ordered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | |
| 9. Date of decision | ____ / ____ / ____ (mm/dd/yyyy) |
| 10. Outcome of decision | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| 11. Approved for SSI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Approved for SSDI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | |
| 13. Representative payee needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

14. Representative payee provided? Yes No Pending
15. If denied, was a reconsideration or appeal filed? Yes No
16. If homeless at time of application, date applicant was housed ___ / ___ / ____ (mm/dd/yyyy)

B: SOAR – Initiated Reconsideration or Appeal

1. Did SOAR staff initiate the reconsideration or appeal? Yes No
2. Did SOAR staff submit SSA 1696 Appointment of Representative form? Yes No
3. Were medical records collected and submitted? Yes No
4. Was a medical summary report written and submitted? Yes No
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5. Was an expedited hearing requested? Yes No
6. Was a review on record requested? Yes No
7. Did applicant have an attorney? Yes No
8. Date of hearing decision or review on record: ___ / ___ / ____ (mm/dd/yyyy)
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9. Outcome of hearing or review on record: Approved Denied
10. Approved for SSI? Yes No
11. Approved for SSDI? Yes No
12. Representative payee needed? Yes No
13. Representative payee provided? Yes No Pending

C: Pending Applications (Those Not Initiated Using SOAR)

1. Date of first contact with applicant whose claim was pending: ___ / ___ / ____ (mm/dd/yyyy)
2. When you began working with applicant, was application pending at the:
- a. Initial Level? Yes (Go to Q. 3) No
- b. Reconsideration Level? Yes (Go to Q. 4) No
- c. Administrative Law Judge (ALJ) hearing level? Yes (Go to Q. 5) No
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3. Initial level
- a. Date of initial decision ___ / ___ / ____ (mm/dd/yyyy)
- b. Outcome of initial decision (If approved, go to Q. 6) Approved Denied
- c. If denied, was a request for reconsideration filed? Yes No
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4. Reconsideration Level
- a. Date of reconsideration ___ / ___ / ____ (mm/dd/yyyy)
- b. Outcome of reconsideration (If approved, go to Q. 6) Approved Denied
- c. If denied, was an appeal for an Administrative Law Judge (ALJ) hearing filed? Yes No
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5. Administrative Law Judge (ALJ) hearing level
- a. Date of ALJ hearing decision ___ / ___ / ____ (mm/dd/yyyy)
- b. Outcome of ALJ hearing decision Approved Denied
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6. Approved for SSI? Yes No
7. Approved for SSDI? Yes No
8. Representative payee needed? Yes No
9. Representative payee provided? Yes No Pending