90-800 APPENDIX B. FORM 13-1 HHSA

COUNTY OF SAN DIEGO — HEALTH AND HUMAN SERVICES AGENCY

SSI ADVOCACY SERVICES COMMUNICATION FORM

TO:	FROM:	DATE:
		Telephone:

CONSUMER INFORMATION

Name:	Case #:	SSN:
Date of Birth:	Telephone #:	# in Household:
Street:	City:	Zip:

☐ Mandatory Referral ☐ Voluntary Referral ☐ Active to Mental Health Services/County Medical Services

☐ Referred by County Human Services Specialist ☐ Referred by Other Agency. Indicate source of referral: _____

Other Referral Information _____

INTERIM ASSISTANCE PROGRAM - RELEASE OF INFORMATION - SSI ADVOCACY SERVICE APPOINTMENT

The Interim Assistance Program (IAP) requires that individuals who may be eligible for SSI/SSP apply. If you may be eligible to SSI/SSP, the IAP also requires a referral for SSI Advocacy Services to help you in applying for SSI/SSP. SSI Advocacy Services are free to you. Case information necessary for the SSI Advocates to assist you will be released to them. It will not be shared with others without your permission.

I agree to cooperate with the SSI Advocate and agree to the conditions of the IAP.

Signature: _____ Date: _____

You are scheduled for an SSI Advocacy Services appointment on: _____ (Date)

at _____ AM/PM at _____ (location)

SSI INFORMATION

☐ SSI Application filed: _____. ☐ Verification provided to HSS on: _____

☐ SSI Application needed. ☐ Verification of application needed by: _____

☐ Previously non-cooperative with SSI. ☐ Cooperative with SSI

☐ Non-cooperative with SSI (Explain below) ☐ Initial SSI application denied on: _____

☐ SSI reconsideration denied on: _____ ☐ SSI appeal denied on: _____

☐ SSI awarded on: _____, effective _____.

Comments _____

GENERAL RELIEF / CAPI STATUS

☐ Pending ☐ Granted ☐ Documentation Attached

SSI ADVOCACY SERVICES INFORMATION

☐ Previously non-cooperative with advocate ☐ Cooperative with advocate

☐ Non-cooperative with advocate (Explain below) ☐ No qualifying SSI disability (Explain below)

☐ Successful SSI appeal unlikely (Explain below)

Comments _____

_____

_____

13-1 GR AND CAPI COMMUNICATION WITH SSI ADVOCATE (3/06)