Homelessness and SSI:
Comparing SSI applications for individuals accepted and denied disability income

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Abstract

On any given night, over 600,000 individuals are homeless in America (National Alliance to End Homelessness). Among these homeless individuals, nearly 37% have significant physical or mental health issues (2010 Annual Homeless Assessment Report). Given that only 19% of non-institutionalized adults have a disability (US Census, 2010), it is clear that those with disabilities are overrepresented in the homeless population. Working age people with disabilities are more likely to be in poverty than working age people without disabilities (Disability and Employment Status Report, 2011), and because of their inability to work many apply for Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI). The process of applying for SSI/SSDI can be lengthy (Stapleton, et al., 2006), and many applicants are denied. The goal of this research is to gain a better understanding of the differences between applicants that are accepted and those that are denied in the SSI/SSDI process. Understanding these differences will help clients- and workers who assist these clients- better understand the application process, and how to make it more efficient and effective. The results from this study could be used to develop a training curriculum for caseworkers and other facilitators of the SSI and SSDI application process among the homeless population.

Introduction

According to The National Alliance to End Homelessness (2012), the number of homeless individuals on the streets of America every night is about 633,782. However, the difficulty of achieving an accurate count lies with the endless possible places these individuals could be spending the night. The individuals who have a risk of not being counted in homeless evaluations include those who use hospital emergency rooms, 24-hour restaurants and those who double up with friends or relatives. Also, current inmates, who may or may not have a home upon release from prison, are rarely counted in these studies. Taking just these exceptions into account one could assume that there are a higher number of homeless individuals than The National Alliance to End Homelessness estimates.

It is important to understand that not only a large portion of the people in the United States experience homelessness, but many of these people also have mental and physical health issues. The 2010 Annual Homeless Assessment Report states that 36.8% of all homeless adults in the Homeless Management Information System (HMIS) have a disability and a person is at higher risk of becoming homeless if they have a disability. This is evidenced by the fact that the amount of homeless adults with a disability is nearly 2.5 times higher than the United States population as a whole, which is 15.3%. HMIS information only includes homeless individuals that have accessed this system, which is usually through a social service organization. Homeless individuals are also more likely than people of a low socio-economic status to experience physical health issues. There is a 16% increase in the reports of poor health from homeless individuals over those considered to be of lower socio-economic status (Levinson, 2004).

When discussing disability it important to be aware that different organizations define disability in various ways. There are many different ways to define disability, which makes it difficult for those who are working within multiple institutions because a lack of conformity in this definition. From the SSA perspective a person is considered disabled if one is 18 or older and:

> "If you have a medically determinable physical or mental impairment (including an emotional or learning problem) which: results in the inability to do any substantial gainful activity, can be expected to result in death; or has lasted or can be expected to last for a continuous period of not less than 12 months" (Social Security Administration, 2014).

Brault (2010) explains different definitions of disability in Americans with Disabilities (US Census publication). Brault (2010) states that in social service agencies it's typical for disability to be defined with a social context component, and in the medical model view disability as a condition that requires treatment or therapy. American Community Survey (ACS) defines disability as a "serious difficulty" in any of the six disability categories (hearing, visual, cognitive, ambulatory, self-care, and independent living). There is also the important element of self-identification as disabled, such as in demographic labeling situations. Since there is no umbrella definition of disability it can be difficult to know the benefits one is eligible for between the different organizations, as one might be considered disabled under one definition but not another. However, for the purpose of the report, the SSA definition would be the most useful since it is SSA that receives claims for disability services from applicants.

According to Matthew Brault (2010) in the past 24 months the percentage of 15-64 year olds living in poverty for over 12 months with a disability (severe and non-severe disability) is 40.8%, while the poverty status for those with no reported disability is 12.2%. Of that 40.8%, 15.5% of those with any disability were in poverty all of the past 24 months.

People with disabilities are more likely to live in poverty according to Stapleton and his colleagues (2006). While the poverty rate for individuals without disabilities is 12.4%, it more than doubles to 27.8% when poverty rate is applied to those with disabilities (Erickson, W. Lee, C., & Von Schrader, S, 2012). The poverty rate in the United States as a whole has increased since 2007 (Sawhill, 2012) and it is important to note and understand the disparities in income and employment between those with and without disabilities. Shinn (2007) reports that in prior research an inability to secure income is viewed as a cause of homelessness. One reason for the higher rates of poverty level among disabled individuals could be that it is harder for people with disabilities to secure income through work. Through the Disability and Employment Status Report Erickson et al. (2012) reveal that in 2011, 33.4% of working age individuals with a disability were employed. This is compared to a 75.6% employment rate of working age people without a disability. The disabilities were classified through ACS, in seven different categories of disabilities, including visual, hearing, ambulatory, cognitive, self-care, and independent living disabilities as well as the broader category of any disability.

Supplemental Security Income is a need-based program, based on limited income or resources and is funded through general revenues. To be eligible for SSI one cannot have any substantial gainful activity (SGA), defined as "significant work for pay of profit" (Social Security Administration, 2014). People are eligible for Social Security Disability Insurance who have previous work experience, have contributed to the Social Security trust fund throughout their employment and are between the ages of 18 and 65. In order to receive SSDI benefits the person needs to have been disabled for five full months, and amount of money received through SSDI are based on the persons previous earnings record[1].

There are differences in SSI and SSDI, however many homeless individuals could be eligible for either, if they have worked previously and now they have very limited resources. However, some of the people interviewed have had very limited employment opportunities. In this particular research most of the participants had applied or were in the process of applying for SSI, aside from one individual that received SSDI benefits.

Though one can gain income through Supplemental Security Income (SSI) only 19.6% of individuals with a disability are receiving SSI benefits (Erickson et al., 2012). Because of these disparities in income resources it is important to recognize that the homeless disabled population is a particularly marginalized population and requires strong social supports in order to improve the life and health of many of these individuals and families. Shinn (2007) acknowledges the importance of recognizing disabilities such as physical and mental illness and substance abuse as increasing the risk of homelessness. SSI and SSDI are some of the ways to begin to supplement the lack of income earned by people with a disability. However it was reported that only 10-15% of homeless people received benefits from SSI and SSDI assistance (2010 Annual Homeless

[1] disability.gov

Assessment Report). The lack of use of SSI and SSDI benefits by the homeless and disabled populations could be a result of the application process and the specific criteria for receiving assistance. One of the specific criteria for receiving SSI is the inability to work because of a medical or mental health condition that will result in death or extend over twelve months, without regards to the environment (Stapleton et al., 2006). This is an issue because an environment can correlate with the mental or physical health of a person. For example an environmental factor could be housing or lack thereof. Homelessness could add stress, create an unstable and chaotic environment for medical needs and medication monitoring, and change priorities in a persons life when it comes putting medical or mental health needs first, thus possibly having negative effects in these areas. Many homeless people have a higher risk of physical and mental disability because of their environment. In agreement with the importance of environmental factors on health disparities from homeless people, in the Encyclopedia of Homelessness (2004) Levinson reports that, "Homeless persons, as a group, are exposed to the highest levels of environmental risk factors for health and as a result pose serious public health concern" (p. 2).

The SSI and SSDI process itself can be daunting without knowing the process but in the end it is an invaluable resource to those that receive income. There may be periods of a year or more when the applicant does not know whether or not they will receive supplemental benefits (Stapleton et al., 2006). This period can last longer if the process ends up including a denial for income followed by an appeal process, so it is paramount that the client understands the process before beginning the application so they understand what documents they are expected to provide, as well as the definition of disability that they must meet in order to be eligible. The rate of people who are initially denied then receive denial reversal after appealing is about 60-65% (Stapleton et al. 2006), though it is unclear in his research why the decision gets reversed. This high rate suggests that it is worth the time and effort to reapply or appeal after denial especially as receiving SSI or SSDI could increase a person's income, and therefore increase the chance for them to get housing. The SSI process does look at lack of income paired with a medical condition as disabling, which is positive for homeless applicants since it is most likely they do not have an income.

Not only can this form of supplemental income increase the possibility of housing but it may also be instrumental in relieving the risks and stress associated with living on the street with physical and mental health concerns as well as substance abuse issues. Shinn (2007) associates a boost in income as a part of the solution to decrease homelessness. Income stability is important to decrease homelessness, and fortunately SSI and SSDI programs can offer this stability to people that are eligible for these benefits. The National Alliance to End Homelessness states that, "In order to maintain housing, people exiting homelessness must have income". Therefore, helping homeless individuals understand the SSI and SSDI processes and the requirements, the Social Security Administration could play a vital role in decreasing homelessness by providing a stable income for homeless, disabled individuals by providing supplemental income to support the stable housing process. In order to begin this process one must understand the SSI and SSDI application process.

According to the statement for the record made by Marianna LaCanfora, the Acting Deputy Commissioner for the Office of Retirement and Disability Policy process for SSI and

SSDI starts by applying either online, by phone, or at a field office. If the person is applying for a medical (or mental) disability then an examiner looks through medical documentation to ensure is it complete and that there is enough evidence. Then the person may be asked to be examined by a medical doctor or a psychiatrist, who after examination would make a decision based on evidence. After this process if the applicant wants to appeal the decision they go through the appeal process (to be filed in 60 days).

In their research Rosenheck, Frisman and Kasprow (1999) sought to discover if certain interventions in a Veterans Affairs hospital would "(1) increase applications for SSI and SSDI among entitled veterans; (2) to increase awards for disability benefits; and (3) to increase the proportion of timely decisions, defined as those made within 90 days of the application" (1999, p. 525). The intervention included Social Security Administration and Veterans Affairs joining together and providing homeless veterans in a homeless program with a social worker that facilitated referrals for SSA, and assisted with the SSA application process and obtained medical records. The results showed that veterans in the intervention programs were twice as likely to apply and receive SSI benefits. However, the authors acknowledge that their conclusions may not be generally applicable to those homeless populations outside the VA system and without access to VA resources.

The present study will attempt to increase generalizability of Rosenheck, Frisman and Kasprow's work to the homeless disabled population and experience, rather than the very specific population of homeless veterans. By improving the understanding of the SSI and SSDI processes, clients and workers could become more efficient and effective in the application process. By examining the specific differences between successful and unsuccessful applicants, we can gain a greater understanding of the factors that contribute to a successful application. This will improve effectiveness of first time applications, better provide clients with knowledge of expectations and contribute to developing training for workers who assist in the SSI and SSDI process.

The purpose of this research is specifically to further understand challenges for the homeless disabled population. Some of the results found may seem rudimentary, however it is important to understand all of the challenges for this minority population to increase equal opportunities to move out of homelessness.

Method

To understand individual experiences of the homeless population applying to Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI) the principal investigator recruited participants for the study at a local homeless shelter. The shelter has two primary roles, one being a drop in center during the day to provide services to homeless individuals, and the other is a shelter at night, where people accepted into the program can sleep, eat, and receive services. To begin recruiting people experiencing homelessness fliers were placed in the main lobby areas of the shelter (see Appendix A) and the phone number and e-mail of the principal investigator were provided. To further recruit people experiencing homelessness to participate in the research, sign up sheets were given to case managers, directors, mental health specialists and other staff, along with descriptions of the research to recruit people individually and

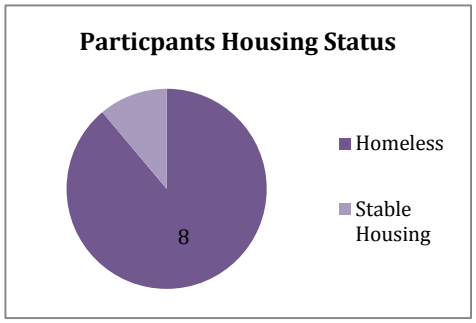
confidentially. The recruitment process was approved by the IRB. After recruiting participants the investigator proceeded to interview individual participants who identified as being homeless, and had either applied or were in the process of applying for SSI and/or SSDI. An incentive of lunch was offered to participants. There were 11 total individual interviews conducted and the principal researcher transcribed all interviews. The interview scripts and incentive were approved by the IRB.

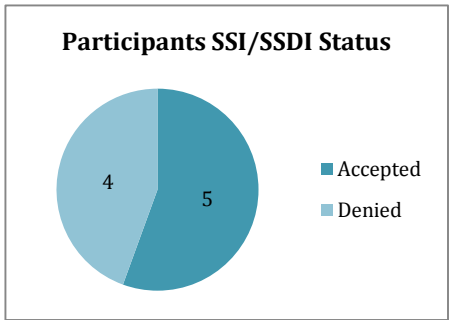
The principal investigator also wanted to get opinions and experiences from staff working with homeless clients who had applied for SSI and/or SSDI, and recruited them via e-mail. The e-mail was sent first to the director of the shelter and then dispersed internally to keep confidentiality of staff e-mails. The principle investigator was also allowed to use a script and talk personally to staff during a staff meeting at the shelter. An incentive of lunch was offered to staff participants. There were two focus groups conducted, resulting in information from five total staff members. The principal investigator transcribed these interviews.

For both of the populations (staff and homeless participants) the principal investigator utilized a qualitative research method. Before the interviews took place the participants were told about the study and the consent form was explained to them. The consent was developed by the principal investigator and approved by the IRB. They were asked to sign this consent before taking place in the study. The participants were also given a demographic sheet to fill out (see Appendix B). The demographic worksheet included all open-ended questions. The interview that followed this process included a script (see Appendix C &D) that the investigator used to structure the interviews. All interviews were audio recorded after obtaining consent from the participants.

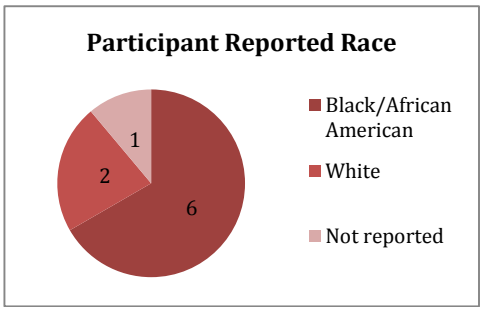
Results

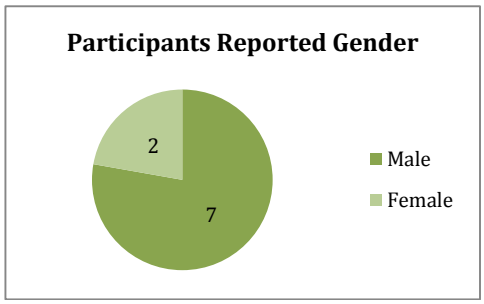
In total there were eleven individual interviews conducted with homeless or formally homeless individuals that had applied or were in the process of applying for SSI and/or SSDI. These participants self-selected based on the requirements of being homeless and having applied or were in the process of applying for SSI/SSDI. None of the participants dropped out. Nine of these participants filled out a demographic worksheet, and that is the data represented below. Two of the participants declined to fill out the demographic worksheet. The results showed that out of these nine, eight of them identified as homeless, and one participant identified as stably housed in a home for people that are homeless. The participants were also asked about their SSI and/or SSDI status, simply “Have you been accepted or denied for SSI or SSDI?” Some participants provided more specific answers, one being “Denied 2x” and another “Denied four times”, but overall five had been accepted and four had been denied.





Other demographic information included participants identified age, race, and gender. Age ranged from 47-59 years old and the mean was 53.7. Six participants identified as Black/African American, two as white, and one participant did not provide this information. Two participants reported their identified gender as female and seven as male. Eight of nine participants who filled out the demographic worksheet had a lawyer.





The data were analyzed through a qualitative analysis program, and coded by the principle investigator to understand reoccurring themes throughout the interviews. The codes used were derived from the specific questions asked and were the following: advice, appeals, benefit, challenge, challenges outside of SSI, determination, discrepancies, length, history, important people, lawyer, medical, medical records, mental, process, social service help, and waiting.

Many themes arose throughout the coding process. These included benefit of having a lawyer or advocate while applying for SSI and/or SSDI, lengthy waiting periods, challenges applying to SSI (language barriers, and seeing specific doctors) and challenges outside of SSI many of which relate specifically to homelessness, and discrepancies among those that get accepted and denied.

Benefit of having a lawyer or advocate:

Many of the homeless participants explained the benefit of having a lawyer. The benefits ranged from having someone other then them represent them, to reading and understanding the language of paperwork throughout the SSI and SSDI application process.

> "And, do you think it was helpful having a lawyer?"
> "Yes. You need to have an advocate or a lawyer. If you try to do it on your own, it's not going to work."

> "My lawyer was helpful because he sort of sped up the process once we did the reconsideration, otherwise it would have taken even longer for me to get the adjudicator assigned. Once we did the reconsideration I think it was three months we had to wait to get the adjudicator. My therapist, my psychiatrist, my team of people, my case manager. I have a lot of people that are on my side to get this social security, and help me get financially stable."

Other advocates that were important to participants were different community agency settings, case managers, and specific people that had applied for benefits previously. This seemed particularly helpful for the participants that did not have an understanding of the SSI and/ or SSDI application process.

> "See I don't know the whole process which is why I have to have someone help me. That's why [the case manager] helps me that's why the lawyer and the paralegal help me. I have people helping me."

> "The lawyer but also the shelter because they helped guide me through the process, because they work with people that worked with the lawyer so they knew that it would work, and they just kept telling me that you have to have faith and stick to the process because if you stop you're going to have to start all over again."

Not every participant in this study had an advocate or lawyer, and some expressed an interest to do so.

> "No I haven't [had a lawyer] I've done this four times in a row now and got denied so I know now I need a lawyer to appeal it, either or just to redo it. To have a lawyer. I think they think I'm playing but if I get a lawyer they'll think I'm pretty sure he'll get paid. I had this one lawyer say that he don't get paid until I get paid…"

Case managers also spoke to the importance of having some sort of advocate to help specifically homeless adults with an identified disability through the application process.

> "Some people apply by themselves, do you think there's a difference in people that apply by themselves and people that use the supports around them?"
>
> "I think so yeah. Definitely. If you go in there as a person who's applying by themselves, you usually, you go in there not knowing the system or the process, so you go in having a lot of questions, and right off the bat, they know 1) you don't know what you're doing, and 2) they don't have time to help you through it, and 3) they get frustrated and give you whatever. If you go in there with someone that knows or that has done it before, at least once, you present yourself differently. Someone says, you need this and you can say well last time I was here that's not necessary. And right off the bat you're talking to a different person. I can only speak for our population, and I can't speak for those that can get it on their own."

A theme that coincides with the benefit of having an advocate or lawyer are the challenges that present themselves throughout the SSI/SSDI application process. Many of these are directly related to the homeless population, and even more specifically the disabled homeless population.

Challenges relating to language discrepancy:

> "I had went to see a lawyer, because I was going to have him take the case and put me, and take it in front of whatever board they have to appeal their decision, but he was saying all they want is some information from you, then they will accept you. I said "what?" I didn't read it like that. I don't know how I missed it but I missed it. So I went, he called the social security office, which is on [specific street] and I went back there, and I gave them what they wanted and they told me I would be receiving a check."

> "One of the critical things that happens is that people do their own paper work and then they get denied. And they have no idea how to appeal, and let it go. And don't understand the language and the paper work, it's a lot of pages like 6-8 pages of legal jargon."
>
> "And you need to appeal it within 60 days?"
>
> "Yes, and if you miss that you start all over."

Some of the challenge is after filling out the application and waiting time. There are some suggestions by participants of how to help alleviate this frustrating feeling of the unknown outcome in the discussion section.

> "It's really hard to have to wait. It's a waiting game and it's frustrating, and a lot of people apply and get frustrated and end up getting a job and screwing themselves over, because then they get denied because then they go to a hearing if they do have to go in front of an adjudicator or a judge then they say well, you know, you got a job working at Starbucks, passing out coffee all day, obviously you can handle the public, if you can deal with this why can't you get another job too? Obviously you can work and now you're denied all together. So you basically have to sit back and wait for them to make their decision."

Challenges arise through different steps of the process including filling out the paperwork truthfully, to visiting the specific doctors assigned to an applicant by SSA. A case manager reports her experience.

> "They send out a 12-15 page packet to different people from the health professional to the case manager to the client, and no one is supposed to help each other, answering questions like can this client cook? Can this client do laundry on their own? And a lot of them can because they've had to learn certain things out of the streets. They can microwave something. So when the client is answering this about themselves they're putting, yes I can cook yes I can do that. But what it seems like to SSI is that they're perfectly capable, which gets tricky, because you don't want to lie, but you also know that this client can not function, they're not functioning, but they have to in order to survive. I mean if you are on the street for a week you are going to find a way to eat, and bathe, and all that with just basic skills. And so it's really intimidating filling out such a long packet, and that is just one of the steps in the process."

Individuals also explained their discomfort with going to a psychologist or a medical doctor that was unaware of their history. They explained that the appointments seemed too short to know everything about the person's disability. However some case managers said that when they went with clients to appointments, the examinations seemed to go well because they were there to add any information the client ma leave out or forget.

There are many challenges relating to specifically to homelessness when applying for SSI. Some of these include the inability to have consistency, including mail, living situation, keeping track of medical records, and trying to monitor mental health.

"Now I'm having a hard time with my mail."

"Why's that?"

"Keep changing cause of the postal service, kept changing when I moved up on [names street], for the whole month of April I didn't get no mail. I put a change of address here, I didn't get mail for a whole month. I went to the post office twice, the main street postal office, they'd didn't even have anything there for me. And the thing about it was, I got to reapply, put your change of address and it's like two copies of it, that it's confirmed, May comes, first week of May I thought I talked to the supervisor and they didn't even have any mail for me at the post office."

"I told him about being in jail and that it was impossible to find work and find housing. I can't even get an SRO [single room occupancy] with my check, because I have an armed robbery and gun charges so no one would rent to me."

Mental health and homelessness seem to correlate with one another. Many challenges arise from people with mental health symptoms trying to navigate this process. Prison also factors into both mental health and disability, and is a challenge that some of these participants faced. However, one participant did think that his previous criminal record was something that was beneficial to him receiving SSI quickly, because he had never held a job. Case managers commented on the connection between mental health and homelessness in the following quotes.

"With the homeless populations themselves, the ones we work with here there is a high percentage of those that suffer from a mental health disorder, if someone is bi-polar and schizophrenic, they may not have taken their medication, their memory might not be good, the don't remember every doctor that they've went to but they been going to different doctors, going to the ER a lot of times they don't remember that, and if they are homeless, even though they can use our address that doesn't mean that they can get here quickly or all the time, to get their mail, or if they have it going to their sisters house, or their moms house, and we don't know how that relationship is."

"I have one client in particular who has missed several appointments, because either he's in jail and usually it's for a homeless crime, which is like stealing food, or sleeping in an abandoned building which is trespassing. Those what we consider homeless crimes, not that they're right, given the situation, if it's raining and they see an abandoned building, they're going to go in there. So They might have been to jail, they can't come here to get

> their mail so then they miss their appointments, and then they have to wait months and then they have to start all over and then they get frustrated and then it's such a pattern, and we see this with I'd say about half of our clients, and it's so frustrating, and they're all like no, they're going to deny me anyway so why bother. When some [people] are actually entitled to these benefits."

Being incarcerated can be difficult for other reasons as well. One of these reasons was described by a mental health professional, when she reported that when coming out of prison it's hard to get a psychiatric appointment right away. She reports that waiting lists for mental health care can be 2-4-6 months, and then there needs to be an established record of this care for many more months. This inconsistent mental health care is because they were incarcerated, not because they have been lacking in keeping medical records. Another piece of inconsistency is that homeless individuals tend to move around a lot, and may have multiple addresses, hospitals, and mental health organizations that they have visited in the past year. Like one of the case managers describes if the individual does have a mental health issue is may be hard to recall the past places they have gone to seek treatment. Even as a homeless individual with a medical issue it may be hard to remember this because of how much is on ones mind when they do not know where they are going to sleep, eat or shower that day.

Among the participants there was a common theme that applying for a mental health issue would be a quicker and more efficient process than applying for a physical medical issue. One participant waited twelve years to get his SSI, and some waited just a few months. Overall there was no pattern seen except that people believed that more people end up getting accepted eventually than denied.

> "I don't know what the situation is, because some people sign for a year and some people sign for a week and they got it, or a couple months and they got this. I guess it's according to their medical history background, and how severe it is."

> "I got it quick and my only interpretation of why I got it quick was because I think I've been to prison. I've been to prison so many times, and I think the government knows that this 59 year old man steady going to jail, something got to be wrong."

> "It took me a year."
>
> "A year after you had been run over?"
>
> "Yes, and denied three times."

> "No. I did that about twelve times. There's a certain amount of time you have to do it within. And the first check I got when I was accepted and I didn't even know it."

> Another theme that arose through the analysis of the qualitative interviews was the lack of understanding of the process by the applicants. In many of these sections people report to not know how the process works, and therefore that is why an advocate, lawyer, or organization might be so valuable to the application process. This might also account for the reason that the timetables vary so much between each participant. It is unclear from most of the interviews whether or not they understood and filled out the application

correctly the very first time. However, accessibility to SSI and SSDI benefits might increase if applicants fully understand the process before applying.

Discussion

Overall, many people seemed frustrated with the process of applying to SSI and/or SSDI but being accepted and receiving the benefits were very useful.

> "Being accepted took me off the street, and gave me some way of supporting myself, before the only thing I had was crime, and there weren't any other options."

Homeless participants also had some advice for helping others through the process.

> "My advice would be to have a paper trail if they want to be accepted, because that's the first and foremost of examination of a person when you look into examine, they have to have something to examine. Not just you, they're going to examine you but if there's a paper trail and you there, then your chances of being accepted will be 75%, only thing that's stopping them is if they see something else in your background that you falsified."

> "I've also found that hospitalizations, and good documentation of the hospitalizations can be a huge help, in terms of psych…"

They also had some suggestions for the SSI process to be more supportive of their specific needs.

> "What's its going to take to send out a form e-mail to everybody once a month saying well, just to let people know. Just to see that they're actually, I mean, it doesn't have to be personalized it could be a form thing. We just wanted you to know that we're working on your case, and your case is moving through the system. You know? It makes people feel better. When you don't hear anything for like a year, it's a simple quick fix that would cost hardly anything."

Case manager suggestions:

> "But I'm sure there's a way we can plan for those who are homeless. Like, CPS [Chicago public schools], if you check off you're homeless then it goes through a different channel, they'll have different social worker, a social worker will put them in line in front of everyone else, and I think that's something that maybe they can try to have, where they check off they're homeless, they could use they're address, that might be a big stretch but they can use their address or if they have a specific post office, they can create so that they know, can always come to this office and check your mail, and I know that might be a big stretch but something has to be accommodating for those that are homeless."

This case manager is suggesting a different channel for homeless individuals to go through due to their vulnerability. Case managers discussed a lack of sensitivity for individuals with mental health issues when visiting field offices, and suggested training for those coming into contact with mentally ill people.

The interviews from the individuals experiencing homelessness, and the staff that work with the homeless population provided a unique perspective into the specific population of disabled homeless adults. Having the lack of consistency due to homelessness the process of obtaining SSI and/or SSDI can be more difficult for these individuals. Some of the challenges involved were things that the housed population might not even view as challenges, such as having a permanent address to receive important mail. Other challenges associated with instability included the inability to remember dates and times of appointments. While some might regard this as a challenge of organization, this is not simply the case. Having to bring all of your belongings and documents with you all of the time makes it difficult for organization. Also many homeless individuals experience their items being stolen if they are staying at someone's house for a night, in a shelter, or sleeping outside. Another challenge with remembering appointments and recalling specific names, dates, and times of appointments is adequate medical and mental health care, and medication monitoring. As one of the case managers explained if someone is not taking their medication and has symptoms of a severe mental health issue, then they may not be able to recall such information. This is especially true when the homeless individual has been going to a multitude of different hospitals, social service agencies, and jails. The advice suggested by homeless individuals and case managers seems like a good start to the process being more understanding of specific homeless needs, which may differ from the needs of housed individuals applying for SSI and/or SSDI.

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a training that people can take to better understand the SSI/SSDI process and thus increase accessibility to these benefits for clients. Substance Abuse and Mental Health Services Administration (SAMHSA) fund SOAR. However, a notable outcome is that though all of the case managers in this research had completed SOAR training none had ever used it as a source for helping a client complete an SSI/SSDI application. Research from the 2013 SOAR Outcome Summary states that there is an increase in acceptance in application on the initial application. The average estimated rate of applications of homeless persons accepted is 10-15%, whereas the average with a SOAR advocate is between 60-65%. Future research would investigate why the SOAR curriculum is not being used by more case mangers at this particular site, and possibly others since the outcomes show using this program would lead to increased acceptances, and a more efficient process, thus increasing accessibility for homeless, disabled clients.

There are limitations to the study because the number of participants was small, and therefore possibly not generalizable to the entire homeless, disabled population. However, there was a benefit to using a qualitative method. Qualitative data collection was used because of the societal stigmas of the homeless and/or disabled populations. It was important to avoid prejudgments, create openness, and provide depth and detail to recognize individual experiences.

The one consistent piece of advice people gave throughout the interviews was that future applicants should develop documentation of medical history. This could be by going to multiple doctors and hospitals, keeping up with appointments, and remembering names and locations of places the person applying has been. If an individual does have a mental health issue which impacts their memory it would be important to organize these details (such as writing appointments down) or have an advocate that assists in a very organized way, as to benefit the

person fully. This would also mean keeping track of Emergency Room visits, as people experiencing homelessness tend to frequently visit ERs. This may seem like simple advice but tasks such as these may be harder for someone experiencing homelessness, and a mental or medical health disability. From the participants it seemed like this was a crucial piece of advice that most did not know when going into the process. Homelessness in itself causes instability and many of the interview participants discussed finding it hard to keep appointments, and to remember past appointments thus creating a possible barrier to accessibility to SSI or SSDI. Adding a medical or mental health issue may impact these same areas, or extend further to possible memory loss, or the inability to transport oneself to appointments (mental or physical). Another main conclusion is that many homeless, disabled people applying to SSI and/or SSDI do not understand the process and specific elements that are necessary (such as having medical documentation, and therefore keeping appointments, etc) for SSI/SSDI eligibility. Providing this information to individuals could help increase accessibility to those eligible for benefits. This is important because the homeless and disabled population is already a very negated population from society. By not addressing these issues of lack of accessibility the only expectation can be that this population gets further marginalized.

Appendix A
Recruitment Fliers

DePaul IRB Approved
Protocol #AJ050914MSW
June 20, 2014 **Through** June 19, 2015

Participate in research about your experience applying for social security (SSI/SSDI)!

Please sign up with Roland, Claire or Case Managers!

We are looking to understand more about the SSI application process for current or previously homeless adults

This study would be about 25 minutes including a short survey and an interview
Lunch will be provided

Research is conducted by Anna Johnson through DePaul University
Ajohn186@mail.depaul.edu
612-242-6064

Version 6/20/2014

Appendix B
Demographic Worksheet

Please fill out the following demographic information:

1. Have you been accepted or denied from SSI/SSDI?

2. Are you currently homeless?

3. Age:

4. Race/Ethnicity:

5. Gender:

Appendix C
Client Individual Interview Script

[The following questions will be asked verbally during the discussion group:]

I am starting the recording now and if you want me to stop the recording please ask me.

Before we begin I'd like to share my position in this study. I am the Principle Investigator in a study that I am conducting on Social Security Income and Social Security Disability and homelessness. I am not affiliated with those organizations, but I am trying to get a unique and honest perspective of the benefits and challenges of applying for SSI/SSDI. What is said in this room remains confidential. I am also going to audio record this interview so that we can have a free flowing discussion. I will have the audio recorded on my password locked computer to maintain confidentiality.

If at any point you are upset or uncomfortable during the interview please let me know.

Let's get started:

You have applied for SSI/SSDI is that correct?

Are you comfortable sharing the process they went through? Like, when did you apply, how long did it take, were you approved right away?

Did you have a lawyer?

Did you have medical records?

How was that process?

What were some beneficial areas of the process? What are you glad you did?

-Can you explain further?

What were some challenges with the process? What do you wish you would have done differently?

-Can you explain further?

Was there one person that was particularly useful?

What advice would you give someone applying for SSI/SSDI?

What would have helped you/ or if you're still currently applying, what would help you in the SSI/SSDI application process?

How would that help?

From what you hear or what you think:
Are there differences between those that apply and get accepted and those that apply and get denied?
-In diagnosis/symptoms?
-Times applied?
-Assistance?

What are the outcomes like? How many people apply, and how many get accepted vs, dinied?

Do you have any questions?

Any last comments or suggestions?

Thank you very much for your time.

Appendix D
Staff Focus Group Script

[The following questions will be asked verbally during the discussion group:]

Before we begin I'd like to share my position in this study. I am the Principle Investigator in a study that I am conducting on Social Security Income and Social Security Disability and homelessness. I am not affiliated with those organizations, but I am trying to get a unique and honest perspective of the benefits and challenges of applying for SSI for you and your clients. I am going to stress that what is said in this room remains confidential, however we have not have control over every person, and therefore it is possible that someone can say something outside of this room. I am also going to audio record this group so that we can have a free flowing discussion. I will have the audio recorded on my password locked computer to maintain confidentiality. Let's get started:

What are the populations that you currently work with?

Has anyone helped clients apply for SSI/SSDI?

How was that process?

What were some beneficial areas of the process when assisting someone?

-Can you explain further?

What were some challenges with the process when assisting someone?

-Can you explain further?

What do you think your clients perceive as benefits or challenges?

Are there differences between those that apply and get accepted and those that apply and get denied?
-In diagnosis/symptoms?
-Times applied?
-Assistance?
What are the outcomes like? How many people apply, and how many get accepted vs. denied?

Has anyone attended a SOAR training?

How did that go?

Did you find this was beneficial?

How so?

What would help you assist clients that are applying for SSI/SSDI?

How would that help?

Do you have any questions?

Any last comments or suggestions?

Thank you very much for your time.

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