



Stepping Stones to Recovery

*A Training Curriculum for Case Managers
Assisting Adults Who Are Homeless
with Social Security Disability and
Supplemental Security Income Applications*

Hosted by Tarrant County Homeless Coalition

Texas Homeless Network, sponsored by the Fort Worth HUD Office of Community Planning and Development, is pleased to announce a training opportunity for homeless service providers.



February 24 9:00am - 5:00pm
February 25 9:00am - 3:00pm

Workshop Highlights

- A two-day in-depth, step-by-step explanation of the SSI/SSDI application and disability determination process
- Strategies for working with homeless persons with serious mental illness and co-occurring disorders - only a fraction of this population receives the benefits to which they are entitled
- Exercises and worksheets provide practical application tools
- Release-of-information samples, sample reports, letters, assessment forms, SSA forms with explanations

Featured Trainers

Lori Kirchgatter
THN Training Coordinator

Paula Harper
Community Solutions

Workshop Location

Fort Worth Housing Authority
1201 E. 13th Street
Fort Worth, Texas 76102

Registration

Please complete attached registration form.

How is this model different?

- Case managers actively assist applicants
- Focuses on the initial application - "Get it right the first time!" - and avoids appeals
- Emphasis is on documenting disabilities to reduce need for consultative exams
- Leads to savings - the San Francisco Department of Public Health estimates SSI outreach saves \$27 million annually in recouped Medicaid and State-funded General Assistance alone
- It works! Approvals on initial application range from 60-95% - twice the national average for ALL applicants

Registration Form

This completed registration form must be returned by
February 18, 2009

REGISTRATION FEE IS \$20
THIS INCLUDES WATER, DRINKS, SNACKS, & LUNCH!

Check One: Check Enclosed Check will be presented day of event

Registrant Information:

First Name: _____ Last Name: _____

Title: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Please check the appropriate box for your agency:

Nonprofit For profit Other _____

Does your agency participate in your local Continuum of Care? Yes No

Does your agency receive HUD Continuum of Care funds? Yes No

Please indicate if you need special accommodations (ADA) _____

Return Form & Check Made payable to Tarrant County Homeless Coalition to:

Tarrant County Homeless Coalition

PO Box 471638

Fort Worth, TX 76147-1406