

# **TURNING 18? WHAT YOU SHOULD KNOW ABOUT SOCIAL SECURITY**



# Disability Benefit Programs

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Both SSDI and SSI = Concurrent benefits



# SSI Program

- Provides monthly income to people who are age 65 or older, are blind or disabled, and have limited income and financial resources.
- In 2020 the SSI payment for an eligible individual is \$783 per month and \$1,175 per month for an eligible couple.



# SSI Continued

- Resource Limit - Financial resources (savings and assets you own) cannot exceed \$2,000 (\$3,000 if married).
- Medicaid – Effective from date of eligibility.



# WHAT HAPPENS AT 18 YEARS OLD?

## SSI – Age 18 Re-determination

- All Supplemental Security Income (SSI) recipients, who turn 18 years old, must have their eligibility reviewed under the Adult Disability Rules. This is not considered a review, but a new application.



# WHAT HAPPENS AT 18 YEARS OLD? Continued

## Pros & Cons Associated with the Age 18 Re-determination:

- Pros – The SSI Beneficiary is applying on their own record and therefore parental deeming does not apply. The individual can qualify for the full federal benefit rate, if they contribute towards living expenses.
- Cons – If the SSI Beneficiary does not meet the criteria for disability, under the adult rules, then the Beneficiary will lose their SSI Benefits.



# WHAT HAPPENS AT 18 YEARS OLD? Continued

## Preparation for the Age 18 Re-determination:

- Educate - Students, Families, Teachers, and VR Staff should be given detailed, understandable information about the re-determination process and how it works.
- Gather information that would document the individual's disability, under the Adult Disability Regulations. (IEP's, Evaluations, Medical Reports, and letters of support).
- Gather contact information for providers including: Doctors, Therapists, Disability Professionals, Teachers, or others who would have information on how the individual functions.

# Examples

## Samples of IEP and Evaluation Report from the School

Office of Public Instruction PO Box 20250 Helena, MT 59620-2601		<b>Individualized Education Program</b>			
<b>STUDENT INFORMATION</b>					
Student's Name: <b>Janie Doe</b>	Initials: <b>JMD</b>	Birth Date: <b>9-5-08</b>	Age: <b>8</b>	Gender: <b>F</b>	Meeting Date: <b>11-3-16</b>
District / School: <b>Montana School</b>		Last Modified: <b>10-31-16</b>		IEP Manager and Phone Number: <b>Mrs. Hemingway</b>	
Federal Designation: <b>6 - White</b>		Disability Category: <b>specific learning disability</b>			
<b>GUARDIAN INFORMATION</b>					
Last Name: <b>Doe</b>		First Name: <b>Johnathan</b>			
Address:		City:		State: Zip	
Home Phone:		Work Phone:		Cell Phone:	
Email:		Relationship to Student:			
Last Name:		First Name:			
Address:		City:		State: Zip	
Home Phone:		Work Phone:		Cell Phone:	
Email:		Relationship to Student:			
<b>STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS</b>					
Strengths, Preferences and Interests - Student's Perspective: I like to draw, do math, and go to recess.					
Student Strengths: Parents: Janie can do all of her math facts.					
School Staff: Math, art, decoding					
Educational Concerns: Parents: Her understanding of reading.					
School Staff: Reading fluency and comprehension					
<b>CONSIDERATION OF SPECIAL FACTORS</b>					
Does the student's behavior impede his/her learning or that of others?		Yes	No		
Does the student have communication needs?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Does the student require assistive technology devices or services?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Has the student been determined to be "Limited English Proficient"?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Any item above checked "Yes" must be addressed in the IEP					
For a student with blindness or visual impairment		<input checked="" type="checkbox"/>	N/A		

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Office of Public Instruction PO Box 20250 Helena, MT 59620-2601		<b>Evaluation Report</b>			
<b>STUDENT INFORMATION</b>					
Student's Name: <b>Janie Doe</b>	Birth Date: <b>9-5-08</b>	Age: <b>8</b>	Gender: <b>F</b>	Grade: <b>3</b>	Evaluation Date: <b>10-31-16</b>
District/School: <b>Montana School</b>		Date Consent Received: <b>9-9-16</b>		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Reevaluation	
Parent(s) Name: <b>John Doe</b>	Parent(s) Address: <b>51 West Street</b>	E-mail:	Home Phone:	Work Phone:	Cell Phone:
<b>EVALUATIONS AND INFORMATION PROVIDED BY THE PARENT(S) AND/OR STUDENT</b>					
**Parent Comments: I am concerned about Janie; she is not understanding what she reads.					
Student Comments: I like school, but reading is hard.					
Recommendations for Educational Planning: Reading is an area of concern. Academic achievement tests in the areas of reading will give more information regarding her current performance and needs in this area.					
<b>ASSESSMENT SUMMARIES</b>					
**Classroom Based Assessments		Regular Education: Evaluator(s)		10-1-16 Date of Eval/Observ	
Assessment Area: Evaluations: CBA by classroom teacher					
Results: Janie is currently reading 20 wpm on cold timings. The benchmark is 58 wpm. She can sound out words, and on the CORE Phonics test she did well until she was tested for multi-syllabic words. Her scores on her Journeys reading tests are as follows: phonics- 76%, comprehension 45%, fluency 25 wpm. Currently she has the following grades: Math- nearing proficient Reading- Needs Improvement Language- Needs Improvement Writing is difficult. She struggles to write a complete sentence with a subject and an action. She can complete a finished sentence with a subject/predicate/ and punctuation 50% of the time. Math is an area of strength for Janie. She knows all of her addition and subtraction facts, and she has mastered multiplication facts to 7. She is able to explain her thinking when doing math problems. She does have some difficulty reading math story problems, and I usually read the test problems to her in a small-group setting.					
Recommendations for Educational Planning: Janie may benefit from: - fluency timings practice - comprehension strategy instruction					
**Observations		Mr. Long		10-5-16	
Assessment Area		Evaluator(s)		Date of Eval/Observ	
Evaluations: Observation of Janie in her reading class.					

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# Examples Continued

## Form to gather Medical and Employment Information

### MEDICAL AND JOB WORKSHEET - ADULT

Please do **not** mail this worksheet to your local office.

Did you know that you can start the application process online?

Visit [www.socialsecurity.gov/applyfordisability](http://www.socialsecurity.gov/applyfordisability) for more information!

Complete this worksheet to get ready for the appointment or when filing online. This worksheet is not the application for Social Security disability benefits. You should bring this worksheet to your appointment or have it with you if your appointment is by telephone.

#### A. Medical Conditions

List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

CONDITIONS	
1.	
2.	
3.	
4.	
5.	

B. If you are not working, when did you stop working?

C. Height without shoes: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight without shoes: \_\_\_\_\_ pounds

#### D. Medical Sources

Please list any doctors, hospitals, clinics, therapists, or emergency rooms you have visited because of your conditions.

NAME	ADDRESS	PHONE NUMBER (with area code)	DATE FIRST SEEN OR ADMISSION DATE	DATE LAST SEEN OR DISCHARGE DATE

#### E. Medicines

Please list any medicines you take and why you take them. If prescribed, please provide the doctor's name.

NAME OF MEDICINE	WHY YOU TAKE IT	PRESCRIBED BY

#### F. Medical Tests

Please list any medical tests you had or are going to have in the future.

NAME OF TEST	PROVIDER WHO SENT YOU	DATE(S)

#### G. Job History

List the jobs (up to 5) that you have had in the 15 years before you became unable to work because of your physical or mental conditions. List your most recent job first.

JOB TITLE (e.g., cook)	TYPE OF BUSINESS (e.g., restaurant)	DATES WORKED		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY	
		FROM Mo/Yr	TO Mo/Yr			Amount	Frequency

Bring this worksheet to your appointment or have it with you if your appointment is by telephone. Do not delay filing your application, even if you do not have all of the information. We will help you get any missing information.

# Examples Continued

## Sample Letter of Support

November 10, 2016

Disability Determination Services  
2550 Prospect Avenue  
Helena, Montana 59601

To Whom it May Concern:

My name is Margaret Keener and I am a Site Manager for North Central Independent Living Services Inc. (NCILS). This letter to express my support for Janie Doe in her application for Supplemental Security Income (SSI) based on her disabilities. I have known Janie for three years and worked with her on a weekly basis helping her to identify and address her Transitional Living needs. Janie has been diagnosed with a Cognitive Disorder as well as some Mental Health issues including Severe Depression and Anxiety.

In my work with Janie, I have observed her having difficulties with many of the aspects of day to day living. Some of these aspects include: difficulty with understanding and comprehension, struggles with reading comprehension and writing, difficulty focusing and completing tasks, memory issues, as well as isolation issues. Janie has a hard time understanding what she has been told or what she needs to do. Typically, Janie has to have instructions explained to her several times. For example, when Janie was told that she needed to bring information about her school schedule to her next appointment, I had to explain why five times before she understood that it was to help her qualify for a special program that is for her benefit. When filling out forms or applications, Janie is easily overwhelmed as she has difficulty understanding the questions being asked and how to respond. Janie needs hands on help to complete any forms or applications successfully. She is easily distracted which makes it difficult for her to focus and stay on task. When given verbal instructions, Janie is able to do tasks that have 1 - 2 steps, but for more difficult tasks with more than 2 steps, she needs constant reminders and redirection. Janie often struggles with her memory. She often forgets names, dates, appointments, what happened yesterday and what she is suppose to do for the current day. Again she needs constant reminders. Janie reports that she does not like being around others. It makes her feel uncomfortable and nervous which has lead to verbal altercations in the past with other students in school. Janie prefers to be in her room and not leave it for days at a time, often it can be difficult to get her to school and appointments.

After working with Janie for the past three years, I believe that she is unable to work at Substantial Gainful Activity. With the amount of support that she needs, even schooling or a part time job would be very difficult. If there are any questions, please feel free to contact me at (406) 452-9834.

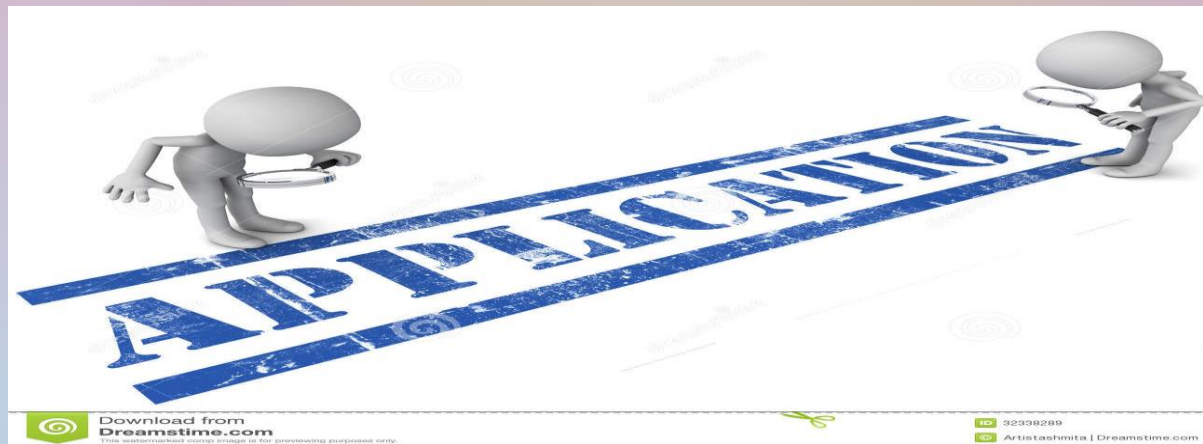
Respectfully,

Margaret Keener  
NCILS Site Manager

# WHAT HAPPENS AT 18 YEARS OLD? Continued

## SSI New Application -

If a person was not eligible for SSI before his/her 18th birthday, due to parents' income or resources. The person may now be eligible for SSI as an adult, at age 18.



# WHAT HAPPENS AT 18 YEARS OLD? Continued

## SSDI – Childhood Disability Benefit (CDB)

The SSDI program pays benefits to adults who have a disability that began before they were 22 years old. SSA considers this SSDI benefit as a “child’s” benefit, because it is paid on a parent’s Social Security earnings record.



# Work Incentives

## SSI Work Incentives:

- \* Blind Work Expenses
- \* Earned Income Exclusion
- \* Student Earned Income Exclusion (Earn \$1,900 per month up to a total of \$7,670 per year).
- \* Plan to Achieve Self-Support
- \* Property Essential to Self-Support
- \* Special SSI Payments to People who Work
- \* Continued Medicaid Eligibility 1619b (Threshold \$32,599).
- \* Reinstating Eligibility Without a New Application





# Work Incentives

## SSDI Work Incentives:

- \* Trial Work Period (\$910 benchmark)
- \* Extended Period of Eligibility (\$1,260 SGA)
- \* Continuation of Medicare Coverage
- \* Medicare for People with Disabilities Who Work
- \* Protection From Medical Continuing Disability Reviews





# Work Incentives

## SSI & SSDI Work Incentives:

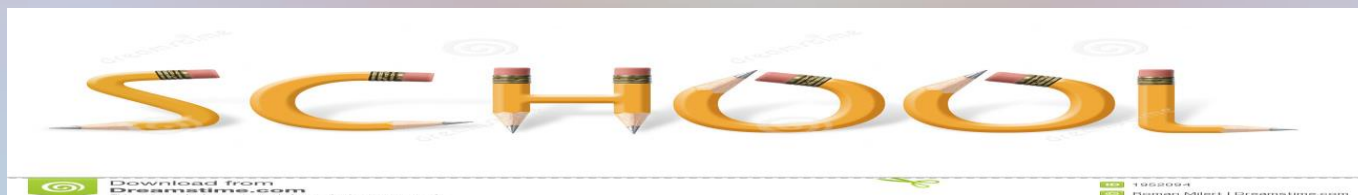
- \* Impairment-Related Work Expenses
- \* Subsidies and Special Conditions
- \* Un-incurred Business Expenses
- \* Continued Payments Under a Vocational Rehabilitation Program (301)
- \* Expedited Reinstatement



# Work Incentives Important to Youth

## Student Earned Income Exclusion:

- \* If a person is younger than 22 years old, regularly attends school and is working, SSA will not count earnings from employment for that individual. In other words, Social Security will not reduce the student's SSI payment. There are limits to this work incentive though; in 2020 students may exclude up to \$1,900 of earnings each month, with a limit of \$7,670 per year.



# **Work Incentives Important to Youth**

## **Plan to Achieve Self-Support (PASS):**

- \* A person who is at least 15 years old can save income and resources to pay for a vocational goal. This includes: education, supplies, services and other things that may be needed for the person to work successfully. Such an individual would get their full SSI payment, even though they have additional income or resources being saved or going towards their vocational goal.

# **Work Incentives Important to Youth**

## **Continued Payment Under a Vocational Rehabilitation Program (Section 301 Payments):**

- \* If you medically recover and no longer meet SSA's definition of disability, your monthly payments can continue. This is possible if you are actively participating in an approved Vocational Rehabilitation plan, called a Individual Plan of Employment (IPE). This Plan is expected to help you become self-supporting. If approved, your monthly SSDI/SSI payments can continue until you complete the plan.

# Contact Information

Margaret Keener  
Benefits Planning/Site Manager

North Central Independent Living Services Inc.  
1120 25<sup>th</sup> Avenue NE  
Black Eagle, Montana 59414

Phone:(406) 452-9834  
Toll Free: 1-800-823-6245

E-mail: [ncils.keener@bresnan.net](mailto:ncils.keener@bresnan.net)



**Rural Institute**  
For Inclusive Communities



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## MT Deaf-Blind Project

**HOME** ABOUT MTDB WHAT IS DEAF-BLINDNESS? PROJECT INITIATIVES  
RESOURCES EVENTS & TRAINING

EARLY IDENTIFICATION & REFERRAL FAMILY ENGAGEMENT ASSESSMENT, PLANNING & INSTRUCTION TRANSITION  
PROFESSIONAL DEVELOPMENT NATIONAL CHILD COUNT

### CONTACT US

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[Contact Form](#)



<http://mtdeafblind.ruralinstitute.umt.edu/>