



Specialized Multiple Advocate Resource Team

REFERRAL FOR SOCIAL SECURITY BENEFIT ADVOCACY

SMART Requirements

- Clean & Sober at least 90 days
- Medical history of condition(s)

SSI Requirements

- Age 65 or older
- Disabled & not working for 12 months
- Blind
- US Citizen/Perm Resident since 8/20/96

SECTION A:

Referring Party Name: _____ Agency: _____

Phone No.: _____ FAX No.: _____ Date: _____

SECTION B: These details must be provided in full

Client Name: Last		First	Middle	
SSN:	DOB:	Language:	Client Number:	
Phone Number:	Message Phone:	Education (highest grade completed)		
<input type="checkbox"/> Housed (Street address):	<input type="checkbox"/> Homeless / Transitional Housing (Explain):	City:	Zip:	
		<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident (Date of Residency):		

SECTION C: Reasons for referral & documentation support; in particular, how disability affects the client's ability to work

SECTION D: Outcome to referral (To be completed by SMART Staff)

Received Date:	Outcome: <input type="checkbox"/> Open <input type="checkbox"/> Closed
Staff Name:	Notes:

How We Help:

- ◆ SMART provides assistance free of charge for homeless/at-risk individuals
- ◆ SMART may assist those who do not yet have representation of a pending claim for SSI/SSDI
- ◆ SMART may assist individuals whose claims are not currently at Hearing (ALJ) level

Sacramento County Providers: Fax completed referral to (916) 454-4585

SMART Referral Form Mar 2016 v4

