

PASS Feasibility Screening Questionnaire

Name: _____ Date _____

SS# _____ DOB _____

Current SSI Recipient? Yes No
(* Reminder – if answer “no”, file SSI application ASAP)

What Income and/or resource to be used for PASS:

_____ SSDI (Social Security Disability Insurance)
_____ Wages
_____ UIB (Unemployment Insurance Benefits)
_____ VA (Veterans Administration Benefits)
_____ One-time resource
_____ Deemed resource/income Parent Spouse
_____ Other: _____

Amount: \$ _____
 per week
 bi-weekly
 monthly
 one-time
 other _____

If no income, other than SSI, to put in PASS, not a feasible candidate. If only SSDI is received, note that an SSI application must be submitted and that a PASS cannot begin until the SSI application is approved. If the SSI application is denied, there is danger that SSA begins a medical CDR to ascertain if the recipient remains medically eligible for SSDI benefits.

Total Amount of Monthly Living Expenses: \$ _____

Vocational Goal: _____

Any related work/volunteer history? Yes No If yes, explain _____

Vocational Rehabilitation Agency: _____

- Open case? Yes No
 - Vocational Rehab Counselor's name _____
 - Does Voc. Rehab. Counselor support vocational goal? Yes No
- If no, why not? _____
May need another rehab counselor's support for feasibility
- List services/items received and anticipated from vocational rehabilitation agency:

<u>Received</u>	<u>Expected</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

- Any other funding sources provided or could provide for needs? Yes No
- If yes, explain: _____

List Items/Services Needed to Achieve Vocational Goal

1. _____
2. _____
3. _____

Prior PASS Submitted? Yes No When? _____

Prior PASS Approved? Yes No When? _____

Prior PASS Completed? Yes No When? _____

Monthly Disposable Income: Before PASS submission \$ _____ After PASS approval \$ _____
If living expenses, higher than monthly disposable income, may not be a feasible candidate