

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: **Amount:** \$ _____
_____ SSDI (Social Security Disability Insurance) per week
_____ Wages bi-weekly
_____ UIB (Unemployment Insurance Benefits) monthly
_____ VA (Veterans Administration Benefits) one-time
_____ One-time resource other _____
_____ Deemed resource/income Parent Spouse
_____ Other: _____

If no income, other than SSI, to put in PASS, not a feasible candidate.

Total Amount of Monthly Living Expenses: \$ _____

Vocational Goal: _____

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

VESID / 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