**Supplemental Security Income (SSI) for Refugees & Asylees:**

**Information for Doctors**

Your patient is currently applying for Supplemental Security Income (SSI). Please see the following Q&A to better assist your patient in the process.

**What is Supplemental Security Income (SSI)?**

* SSI provides monthly cash benefits for clients who are low income and deemed disabled by the Social Security Administration.
* Refugees and Asylees are eligible for these benefits immediately, while most other immigrant types must have lived in the US for 5 years or more in order to qualify.

**How is the decision made?**

* Social Security will request and review medical records from all of the patient’s medical providers. These records are the primary evidence used to make an accurate disability decision.
* If there is any question about the condition, the patient will be referred to a third party physician contracted by Social Security to evaluate the condition.

**Do I need to fill out any forms now?**

* No. Social Security will request the patient’s medical records from your office. You do not need to fill out any additional forms or provide a copy of the records to the patient.
* Occasionally Social Security will send forms to be filled out by the physician. These will be sent directly to the physician’s office, and will be addressed to the physician.

**What are the unique barriers for immigrants and refugees?**

* Refugees and other eligible immigrants usually have very few medical records documenting their condition. Without documentation, even clients with significant disabilities can be denied benefits.
* Some individuals & cultures are less vocal about their conditions, and consequently receive less referrals for treatment, specialists, and diagnostic tests needed to prove their disability.
* Financial pressures upon arrival cause many clients with disabilities to prematurely apply, leading to more denials because of lack of medical evidence.

**How do my medical records affect the decision?**

* More is always better. Social Security not only looks for documentation of a condition, but how that condition affects a patient’s functional capacity to do activities such as lifting, standing, concentrating, etc.
  + Ex: “Client reports back pain” vs “Client reports back pain, and describes being unable to walk up stairs or stand for longer than 15 minutes”
* Documenting a client’s history is extremely important. Patients have often lived with their condition for years, yet without documentation or mention in the records it can appear to Social Security that their condition has only recently began.
  + Ex: “Client has a history of depression” vs “Client has a history of depression for 10+ years and reports attending therapy overseas which was not effective”

**How does my treatment plan affect the decision?**

* Some chronic conditions (i.e. back pain, depression, etc.) will only qualify a patient for disability if treatments such as therapy or medication are not effective. Even if they pursued treatments overseas which were not effective, it is helpful to try again in order to have medical records to send to Social Security.
* Some individuals will not advocate for their own treatment, so physicians should be proactive with patients about discussing medical conditions, possible treatment, and diagnostic testing. This is especially relevant for clients with lower health literacy or no formal education.