



DATA COLLECTION FORM

Vincentians, please enter your responses online at bit.ly/SVDPEmpowerData or fax this completed form to **(618) 236-5778**.

1. **Client gender** Male Female 2. **Client age** _____

3. **Cause of disability (circle all that apply)** Physical illness Injury Mental illness

4. **Specific illness/disability** _____

5. **Is client currently receiving (circle all that apply)** SSDI SSI State disability benefits
Veterans disability benefits No disability benefits Not sure

6. **Is client currently working full or part-time?** Yes No

7. **If currently NOT working, could client be eligible for SSDI** (over age 21, under retirement age, and worked 5 out of the last 10 years)? Yes No Maybe

8. **Does client have health insurance/Medicaid?** Yes No

9. **Client has access to (circle all that apply)** Desktop computer Laptop computer Tablet
Mobile device/phone Land line telephone None of the above

10. **If receiving SSI or SSDI, is client interested in returning to work?** Yes No Not sure

11. **Client is/was providing primary income for the household?** Yes No

12. **Actions taken (please check all that apply):**

____ Home visit conducted.

____ Referred to **SVDP.Allsup.com** for SSDI assistance.

____ Helped client log on to **SVDP.Allsup.com** and get started.

____ Referred to **(888) 374-6714** for SSDI assistance.

____ Made phone call to **(888) 374-6714** with client.

____ Referred to email **SVDP@Allsupes.com** for return to work assistance.

____ Other (please specify) _____

13. **Vincentian (your) name/email** _____

14. **Council** _____

15. **Conference** _____

