

Creating New Options

**Training for
Corrections Administrators & Staff
on
Access to Federal Benefits
for People with Mental Illnesses
Leaving Jail or Prison**

Creating New Options

Module 1

Council of State Governments, Criminal Justice-Mental Health Consensus Project

“Individuals with mental illnesses leaving jail or prison without sufficient supplies of medication, connections to mental health and other support services and housing are almost certain to decompensate, which in turn will likely result in behavior that constitutes a technical violation of release conditions or a new crime.”

Learning Objectives:

Module 1

- Upon completion of the module, you will become familiar with:
 - Research about people with mental illnesses in the jail and prison population.
 - Factors that contribute to the incarceration of people with mental illnesses.
 - Research about recidivism and how to reduce it.
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Extent of the Problem

In 2006, the US Department of Justice found that:

- 43% of jail inmates and 32% of state prison inmates had symptoms of mental illness.
 - 21% of jail inmates and 24% of state prison inmates had been assessed by a professional as having a mental health problem in the year before their arrest.
 - 24% of jail inmates and over 15% of state prison inmates had experienced psychotic symptoms in the last 12 months.
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Causes of the Problem

- ❑ Despite significant numbers of people with a mental disorder in jail or prison today, the percentage of inmates with the most severe disorders (schizophrenia, other psychotic disorders, etc.) has not changed since 1950.
 - ❑ Instead, the number of individuals with severe mental illnesses who are incarcerated has risen at the same rate as the jail and prison populations overall.
 - ❑ The problem is NOT caused by closing of mental hospitals.
 - ❑ The more likely cause is lack of access to community mental health services.
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Inmates' Lack of Community Mental Health Care

- ❑ Of prison and jail inmates reporting a mental health problem, only about 23% had been treated for their mental illness in the year before arrest (that is, they had a hospital stay or received medication or therapy, etc.).
 - ❑ Many inmates with serious mental illnesses receive an assessment and treatment for their mental illness for the first time in their lives when they are incarcerated.
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Who Is Most Likely to Have a Mental Illness?

- Incarcerated individuals who are most likely to have a mental illness are:
 - Female – 73% of female prison inmates have mental health problems, compared with 55% of males.
 - Young – Inmates age 24 or younger have the highest rate of mental health problems; those age 55 or older have the lowest rate.
 - Most often white – 62% of white inmates have mental illness; compared with 55% of African-Americans and 46% of Hispanics.
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Histories of People with Mental Health Problems

- ❑ People with mental illnesses in jail or prison are more likely to have:
 - A history of physical or sexual abuse
 - ❑ In prison, over a quarter (27%) have a history of abuse, compared with 10% of other prison inmates.
 - ❑ In jail, almost a quarter (24%) have a history of abuse, compared with 8% of other inmates.
 - Lived in foster care while growing up
 - ❑ In prison, 18.5% lived in a foster home or institution, compared with 9.5% of all prison inmates.
 - ❑ In jail, 14.5% lived in a foster home or institution, compared with 6% of all jail inmates.
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Homeless and Unemployed

- ❑ Prior to arrest, many individuals with mental illnesses were:
 - Homeless
 - ❑ 13% of those in prison and 17% of those in jail were homeless in the year before their arrest, compared with only 6% (prison) and 9% (jail) of those without a mental illness.
 - Unemployed
 - ❑ In the month before arrest, 30% of those in prison and 31% of those in jail were unemployed, compared with 24% (prison) and 24.1% (jail) without a mental illness.
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Substance Use and Mental Illness in Jail and Prison

- ❑ Inmates with mental illnesses are significantly more likely than others to have a substance use disorder.
 - ❑ Prison inmates: 74% vs. 56%
 - ❑ Jail inmates: 76% vs. 53%

 - ❑ Inmates with mental illnesses have higher rates than others of binge drinking.
 - ❑ Prison inmates: 43% vs. 29%
 - ❑ Jail inmates: 48% vs. 30%
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Women in Jail and Prison

- Research shows that:
 - More than half of women in prison are mothers of children under age 18
 - Over 40 percent of these women were unemployed before they were incarcerated
 - 25% of adult women in prison have either given birth at some point during the year prior to their incarceration or are pregnant at the time of their arrest.
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Reasons for Incarceration

- In jails:
 - Inmates with mental illnesses are more likely to have committed a property offense (trespassing, disorderly conduct, public nuisance, loitering, etc.) than other inmates (27% vs. 20% of other inmates).
 - Although most are charged with non-violent crimes, they are slightly more likely than others to have committed a violent offense (26% vs. 24%).
 - In prisons:
 - Inmates with mental illnesses are more likely to have committed a property offense than other inmates (20% vs. 18% of other inmates).
 - Inmates with mental illnesses are more likely than others to have committed a violent offense (61% vs. 56%).
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Drug Offenses

- Despite the high rate of substance use disorders in this population:
 - Inmates with a mental illness are slightly less likely than others to have a drug offense as their most serious offense.
 - In prison, 19.3% of inmates with a mental illness vs. 24% of other inmates had a drug offense.
 - In jail, 23.4% of inmates with a mental illness vs. 27% of other inmates had a drug offense.
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Rule Violations

- Inmates with a mental health problem are more likely to be charged with a rules violation while incarcerated.
 - In prison: 58% charged vs. 43% of others.
 - In jail: 10% charged vs. 9% of others.

 - Inmates with a mental health problem are more likely to be injured in a fight while incarcerated.
 - In prison: 20% injured in a fight vs. 10% of others.
 - In jail: 9% injured in a fight vs. 3% of others.
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Solitary Confinement

- One study in New York State found that 23% percent of inmates directed into solitary confinement have mental illness.
 - Solitary confinement is particularly difficult for someone with a serious mental illness.
 - Prisoners may spend 23 to 24 hours a day in a barren concrete cell experiencing sensory deprivation, social isolation and enforced idleness.
 - These conditions can worsen a serious mental illness.
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Length of Incarceration

- Inmates with mental illnesses are more likely than the general prison population to serve their maximum time.
 - For example, in 2000, 27% of inmates with mental illnesses released into the community had served their maximum sentence vs. 16% of the general prison population.

 - Among those diagnosed with serious mental illness, 50% served their maximum sentences.
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Recidivism Rates

- ❑ 64% of released inmates with mental illnesses were rearrested and 48% were hospitalized after 18 months.
 - ❑ Inmates with a mental health problem are more likely than others to have served three or more sentences:
 - Jail inmates with mental illness 42%, others 33%.
 - Prison inmates with mental illness 47%, others 39%.
 - ❑ Recidivism rates for inmates with mental illness are high:
 - 79% of jail inmates with mental illness had prior convictions compared with 71% of other inmates.
 - 81% of prison inmates with mental illness had prior convictions compared with 79% of other inmates.
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Re-Entry for People with Mental Illnesses

- ❑ The first month out is particularly crucial. It is the time to get people started on the path to employment, abstinence from drugs, good family relations and crime-free living.
 - ❑ People with serious mental illnesses must be connected to mental health services, as well as housing, employment and other services that everyone leaving jail and prison requires.
 - ❑ U.S. jails and prisons spend more than \$6 billion annually on health care. It makes sense to protect that investment by ensuring access to adequate services after release.
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Successful Re-Entry Projects

- Inmates with mental illnesses who have access to mental health services upon release have fewer future arrests:
 - In King County, Washington there were 16% fewer detentions in the year following release from jail and more days spent in community by inmates with mental illness who had access to services upon release.
 - In a study that tracked inmates with mental illnesses for three years following release:
 - Those who received community case management were significantly less likely to be re-arrested; and
 - When they were re-arrested, they had spent longer in the community before re-arrest.
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Successful Re-entry State Initiative

- Under California's Mentally Ill Offender Crime Reduction Grant Program:
 - A significantly higher percentage of a group receiving enhanced treatment had no involvement with the criminal justice system, compared to a treatment-as-usual group
 - The average number of jail bookings and days spent in jail was significantly lower for the enhanced-treatment group
 - Individuals in the enhanced-treatment group had significantly fewer substance use problems and were much more economically self-sufficient
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Successful Re-Entry Projects

- 80% of those in the Nathaniel Project, a NYC alternative to incarceration for people with serious mental illnesses and felony convictions, engaged in treatment and:
 - For the 53 participants, there were 7 total arrests in the year following intake to the program, compared to 101 arrests in the prior year.
 - Former jail inmates with serious mental illnesses in Pennsylvania's Allegheny County Forensic Support Program had a recidivism rate of only 10 percent.
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The Value of Benefits

- In a study of two Washington counties, inmates who had Medicaid coverage upon release:
 - Were more likely to use services (almost twice as likely) when released.
 - Were able to access services faster than those who had no Medicaid coverage (having a crucial five- to seven-day advantage).
 - Received significantly more days of service compared to those without Medicaid.
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Creating New Options

Module 2

Learning Objectives

Module Two

- Upon completion of this module, you will become familiar with:
 - The major federal benefit programs for people with mental illnesses, particularly for those whose mental illness is severe;
 - Eligibility requirements for those benefits; and
 - How incarceration affects access to benefits.
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Former Inmates' Needs

- To maintain themselves safely in the community, former inmates with mental illnesses need:
 - Mental health and health care services.
 - Substance abuse services.
 - Safe and secure housing.
 - Basic living assistance (food, work or income support).
 - Identity documents and a non-prison ID to access community services.
 - Social connections, purposeful activity and recreation.
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Federal Benefit Programs

- ❑ Medicaid for access to health, mental health and substance abuse services.
 - ❑ Social Security Disability Insurance and Supplemental Security Income disability benefits to provide income to individuals who are disabled by psychiatric illness.
 - ❑ Food Stamps.
 - ❑ TANF cash benefits and services (Temporary Assistance for Needy Families).
 - ❑ Veteran's compensation and pension benefits (income support) and health benefits.
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SSI/SSDI Income-Support Programs

- The Social Security Administration runs two programs that provide monthly cash benefits to disabled people:
 - Supplemental Security Income (SSI).
 - Social Security Disability Insurance (SSDI).

 - To be eligible, individuals must have a diagnosed disorder, such as mental illness, and be so disabled they cannot work.

 - SSI is paid to low-income individuals; SSDI to disabled workers who have paid Social Security taxes for a certain number of years.

 - Most people with serious mental disorders are on SSI because they have a limited work history due to severity of their illness and being disabled at a young age.
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SSI Disability Benefits

- ❑ SSI pays a monthly income to eligible individuals.
 - ❑ SSI cash benefits continue for up to a month after a person is incarcerated, but then are suspended.
 - ❑ After one year, SSI cash benefits are terminated.
 - ❑ In most states, SSI beneficiaries are automatically eligible for Medicaid.
 - ❑ Many individuals with mental illnesses cannot qualify for Medicaid unless they first qualify for SSI.
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Restoring SSI

- ❑ Suspended benefits can be re-instated prior to release, payable upon release.
 - ❑ New applications for SSI may be filed while the individual is in jail or prison.
 - ❑ New benefits are payable back to the date of application (or in the case of a person in jail or prison, back to the date of release).
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Social Security Disability Insurance (SSDI)

- ❑ Social Security Disability Insurance pays monthly benefits, based on past earnings, to individuals with disabilities who have been employed.
 - ❑ All SSDI beneficiaries are automatically eligible for Medicare two years after they qualify for SSDI.
 - ❑ Eligibility for SSDI benefits continues throughout an inmate's stay in jail or prison, but cash payments are suspended one month after a conviction.
 - ❑ SSDI benefits can be reinstated upon release; new applications for SSDI can be made while the inmate is incarcerated, payable upon release.
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Medicaid

- ❑ Medicaid reimburses qualified providers for health and mental health services that are covered in the State Medicaid Plan.
 - ❑ Covered benefits can vary by state, but all states cover outpatient services for mental illness.
 - ❑ Medicaid will not pay health care costs of individuals who are incarcerated, but (at state option) individuals can retain Medicaid eligibility while incarcerated.
 - ❑ Qualified individuals are eligible for benefits immediately upon release.
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Who is Eligible for Medicaid?

- People can become eligible for Medicaid in a number of ways. For adults with mental illnesses the most common are:
 - Being a person with a disability and receiving SSI benefits.
 - Having high medical expenses and relatively low income (in Medicaid terms, being medically needy or spending down into Medicaid).
 - Being a low-income caregiver of a dependent child
 - Being a low-income juvenile.
 - Meeting other state optional eligibility criteria (such as being a person with a disability who is working or a juvenile age 18 to 22).
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Medicare Coverage

- ❑ For inmates with SSDI disability benefits, Medicare coverage is suspended when the person is incarcerated and does not resume until SSDI payments resume.
 - ❑ For inmates who are 65 or older, Medicare coverage is suspended when a person is incarcerated and can resume upon release.
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Restoring Medicare

- Not all coverage will necessarily be restored:
 - Hospital care (under Part A of Medicare) is automatically retained and restored upon release.
 - Outpatient care and medication coverage (Medicare Parts B & D) end within 90 days if no premiums are paid.

 - Failure to pay premiums during incarceration means individuals will have to wait to re-enroll during the general enrollment period (annually January through March) and pay a higher premium.
 - When incarceration will last more than 90 days, the inmate should contact SSA office and ask about withdrawing immediately from Part B & D to avoid a premium penalty.
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Veterans Cash Benefits

Veterans can be eligible for:

- Monthly cash disability compensation payment for a service-connected disability.
 - This is reduced 60 days after the individual is convicted of a felony (benefits are continued for those convicted of a misdemeanor).
 - Monthly cash pension benefits for a non-service-connected disability.
 - This pension is discontinued entirely 60 days after conviction for either a felony or a misdemeanor.
 - Payments for both compensation and pension resume on the date of release and are paid as soon as the VA receives appropriate notification.
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VA Health Benefits

- ❑ Veterans can be eligible for VA-facility and non-VA facility health care and for outpatient mental health treatment.
 - ❑ VA health benefits are not payable while the individual is incarcerated, but the VA will provide care upon release.
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Temporary Assistance to Needy Families (TANF)

- ❑ TANF provides cash assistance and services—e.g., child care, vocational assistance—to needy families.
 - ❑ TANF cash assistance is only paid to a custodial parent with a child in the home.
 - ❑ TANF-funded services (not cash payments) can be furnished to non-custodial parents as well as custodial parents, but only if related to economic self-sufficiency.
 - ❑ Services for non-custodial parents include job preparation or job training.
 - ❑ Most TANF recipients are also eligible for Medicaid.
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TANF Benefits and Incarceration

- TANF cash payments and most TANF services are not available to individuals during incarceration, except:
 - For short incarceration, there may be circumstances that permit continued benefits.
 - TANF cash benefits may continue for the caretaker family of an incarcerated individual, but reduced to reflect that the household size is now smaller.

 - Incarcerated individuals can be eligible for limited TANF services, such as:
 - Case management
 - Vocational rehabilitation
 - Mental health services
 - Literacy skills training
 - Job training, retraining, job search, job placement
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Food Stamps

- ❑ Food Stamps are available to low-income individuals, based on income and assets. (The Food Stamp program uses a less stringent definition of disability than SSA's.)
 - ❑ Individuals without a disability must register for work in order to receive food stamps.
 - ❑ Individuals who refuse suitable work are not eligible for Food Stamps for two months.
 - ❑ Work requirements do not apply to custodial parents of a child under age 6.
 - ❑ Federal law bans access to Food Stamps for life for people convicted of a drug felony, although states have the authority to modify this provision.
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Creating New Options

Module 3

Learning Objectives

Module Three

- Upon completion of this module, you will become familiar with:
 - Rules regarding how inmates can either restore their major federal benefits or apply for those benefits when they have not previously had access to them.
 - The role of identification documents, types of documents needed and how jails and prisons can assist inmates in obtaining such documents.
 - Sources of support for jails and prisons that undertake the challenge of helping inmates with benefit access.
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Cash Benefits to Restore

Several sources of income-support payments exist:

- ❑ Federal disability benefits – SSI and SSDI (from the Social Security Administration).
 - ❑ Veterans Administration (VA) disability compensation and pensions.
 - ❑ TANF, administered by state and local social services agencies.
 - ❑ State general assistance (not covered in this training).
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SSI: Restoring Benefits

- ❑ SSI payments may be suspended (if inmate has been incarcerated for more than one month, but less than 12) or terminated (if incarcerated for a year or more).
 - ❑ It is easier to restore suspended benefits. Once terminated, benefits cannot be restored and the inmate must apply as a new applicant.
 - ❑ Suspended payments can resume quickly once the Social Security Administration is informed about potential release and the person submits a simple form with evidence that he/she again meets the financial requirements.
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SSI: New Application

- ❑ Inmates may submit an application to SSA for these benefits in anticipation of release.
 - ❑ Evidence of disability and low income and resources is required.
 - ❑ Medical documentation requires a physician's or clinical psychologist's report and can be supported by additional information.
 - ❑ Once a new application is submitted, it usually takes about three months for review but can also take longer. For that reason, it is important to begin the application process as long as possible before the release date.
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SSI/SSDI: Additional Issues

- ❑ Individuals with serious mental illness applying for SSI or SSDI disability benefits generally require assistance.
 - ❑ This assistance is especially helpful if provided by someone who understands the Social Security disability system.
 - ❑ Individuals with low levels of SSDI payments (because they have not worked for very long) may be eligible for SSI as well, to supplement their SSDI benefit.
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Support for Corrections on SSI Applications

- ❑ The Social Security Administration (SSA) encourages its local offices to support jails and prisons in helping inmates submit applications while incarcerated.
 - ❑ Jails and prisons can enter into “Pre-Release Agreements” with SSA.
 - ❑ Although the formal agreement is for collaboration on SSI applications, many facilities with pre-release agreements collaborate with SSA on SSDI applications as well.
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Pre-Release Agreements with SSA

- Under a pre-release agreement, SSA will:
 - Train jail/prison staff about SSA rules and how to work with SSA so applications go smoothly.
 - Provide a contact person to assist jail/prison staff.
 - Process these applications as quickly as possible.
 - Promptly notify the jail/prison on eligibility decisions.

 - Under a pre-release agreement, jails/prisons agree to:
 - Designate a facility-liaison to handle referrals and work with SSA.
 - Provide current medical evidence and non-medical information to support the inmate's claim.
 - Provide the anticipated release date and notify SSA of release or if anticipated release date has changed.
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SSDI: Restoring Benefits

- ❑ SSDI benefits are suspended after a certain period of incarceration, but are never terminated solely due to incarceration.
 - ❑ To restore SSDI benefits the Social Security Administration must be notified that the individual has been released.
 - ❑ There is no official pre-release authority for SSDI, but jails and prisons with SSI pre-release agreements can notify SSA of potential release dates for SSDI recipients.
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SSDI: New Applications

- New applications for SSDI benefits can be filed by inmates prior to release.
 - Applicants must submit the same information to prove their disability as SSI applicants (see SSI slide).
 - Applicants must show they worked and paid Social Security taxes for the required amount of time.
 - Individuals can apply on line for SSDI benefits at www.ssa.gov/applyfordisability/adult.htm
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SSDI: Inmates May Lose Benefits

Individuals incarcerated for a lengthy period may find that SSA reviews their disability status again.

- These reviews occur periodically for everyone and are called Continuing Disability Reviews (CDRs).
 - CDRs may be triggered by incarceration.
 - Eligibility (but not cash benefits) continues through this review process, but eligibility will be terminated if the individual is found no longer disabled.
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Medicaid: Applying While Incarcerated

- ❑ States suspend or terminate Medicaid eligibility during incarceration.
 - ❑ To reinstate suspended benefits, the Medicaid agency be informed of the release date.
 - ❑ For new applicants, applications can be filed with the Medicaid agency 90 days before release or later, but more commonly applications are filed 45 days or less before release, to ensure that information is current.
 - ❑ Medicaid agencies often collaborate with jails and prisons on benefit issues.
 - ❑ Since SSI and TANF benefits are linked to Medicaid, it is a good idea to have people apply for those benefits first.
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Medicare

- ❑ Individuals who receive federal SSDI disability payments are eligible for Medicare coverage. However, there is a two-year waiting period so inmates who only recently qualified for SSDI will not have Medicare.
 - ❑ Inmates who are 65 or older are also eligible for Medicare.
 - ❑ Medicare will not pay for health care while the individual is incarcerated.
 - ❑ Medicare can be available immediately upon release but the individual will need his/her Medicare card.
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VA Benefits

- ❑ Veterans' cash benefits and health care coverage can be reinstated upon release and be available immediately.
 - ❑ Prior to release, veterans should contact the VA to request benefit restoration.
 - ❑ To reinstate benefits, the VA needs written confirmation that the individual has been released.
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Information and Help For Veterans

- ❑ Veterans can call a toll-free number (1/800/827-1000) for assistance in understanding rules for reinstatement or to file a new application.
 - ❑ Veterans can also apply online at www.va.gov/
 - ❑ Work on a new application should begin as early as possible because it can take about 270 days to process a new application.
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TANF: Restoring & Applying for Benefits

- Some individuals may be eligible for TANF services while incarcerated and can apply for these at any time. Cash payments are not made to an incarcerated individual.
 - Individuals previously on TANF can submit an application while incarcerated so their benefits can be reinstated.
 - In this case cash benefits will be payable upon release, provided the person is resuming the role of a custodial parent with a child living in the home.
 - Individuals not previously on TANF may submit an application while incarcerated, but will have to demonstrate that they will assume the role of custodial parent upon release.
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TANF Applications

- Information individuals need to know in order to apply for TANF:
 - A recent income history is required in all applications.
 - Individuals with incomes that are considered too high may not be eligible for a TANF cash payment but may still be eligible for:
 - Services
 - Medicaid
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Food Stamps

- ❑ Inmates can make a new application prior to release.
 - ❑ Applications can be obtained from the Food Stamp office or over the phone and can be submitted by mail or in person by someone on behalf of the individual.
 - ❑ The state agency will conduct an application interview. It may be conducted over the phone or in jail/prison.
 - ❑ By law, the Food Stamp state agency must process an application within 30 days.
 - ❑ Food stamps can be available immediately upon release.
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Federal Food Stamp Rules

- Applications for Food Stamps can be submitted jointly with an application to reinstate or apply for SSI
 - The Social Security Administration will then process the Food Stamp application.
 - Federal funds are available (50-50 match) for outreach services.
 - Jails/prisons could use these funds to provide information to inmates so they can apply while incarcerated.
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Identity Documents

- Jails and prisons can help an inmate obtain lost documents, such as a replacement Social Security card, Medicare card, birth certificate or drivers license, prior to release.
 - Jails and prisons can also initiate a system to ensure that inmates receive their original identification documents back as they are released. If necessary these documents:
 - Can be held in trust by a community agency.
 - Held by a family member the inmate trusts.
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New Identification Documents

- Jails and prisons can work with departments of motor vehicles to help an inmate to obtain a photo-ID.
 - In most states the motor vehicle department can provide not only drivers' licenses but also official photo-IDs for non-drivers.
 - The state should establish a process by which an inmate can obtain an official, non-prison photo ID upon release. It should not directly or by inference indicate that the person was formerly incarcerated.
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Sources of Support

- Local community mental health agencies have case managers who understand rules for benefit programs.
 - Jails/prisons can enter into formal or informal agreements for staff of those agencies to assist the jail or prison with this work.
 - Community health centers have staff experienced in benefit issues and may be willing to work with jails/prisons to help inmates with mental illness.
 - Local mental health groups may have information and/or willing volunteers:
 - Mental Health America (formerly the National Mental Health Association), National Alliance on Mental Illness (NAMI), and Protection and Advocacy Systems.
 - Other community groups, such as Community Action Agencies, homeless programs, etc., may also assist.
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Resource on How to Apply for Federal Benefits

- The Bazelon Center for Mental Health Law has produced a booklet, *Arrested? What Happens to Your Benefits When You Go to Jail or Prison*. In it, inmates can:
 - Learn about federal benefits and their rules so they can determine whether they might be eligible.
 - Learn how to find information on the internet on these benefit programs.
 - Find the federal agencies' toll-free phone numbers to get more information on the benefit, whether they might be eligible and how to apply.
 - For a copy, send \$4.50 to Bazelon Center for Mental Health Law, 1101 15th Street, N.W., Washington, D.C. 20005. Bulk orders available at reduced rates.
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Federal Contact Points

Relevant federal information is available from:

- SSA (on SSDI): www.ssa.gov/disability. Apply online: www.ssa.gov/applyfordisability.
 - SSA (on SSI): 1/800/772-1213 for information. Information on line: www.ssa.gov/pubs/11011.html
 - SSA (Medicare): 1/800/772-1213 www.ssa.gov/mediinfo.htm
 - Food Stamp program: www.fns.usda.gov/fsp/
 - Veterans Benefits: 1/800/827-1000. www.va.gov/
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State Contacts

For more information:

- ❑ On Medicaid: Medicaid state agency or local social services agency.
 - ❑ On TANF: Medicaid, human services or social services agency and local social services agency.
 - ❑ On Food Stamps: Local Food Stamp Office (list of numbers at:
www.fns.usda.gov/fsp/contact_info/hotlines.htm)
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