



LEGAL SERVICES TO END HOMELESSNESS

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July 9, 2020

Disability Claims Adjudicator
Bureau of Disability Determination

Re: John Smith

Dear Disability Claims Adjudicator,

I am a paralegal at the Homeless Advocacy Project writing in support of John Smith in his claim for SSI/SSDI benefits. I met with Mr. Smith on two occasions in November 2019, spoke with his grandmother on numerous occasions both in person and over the phone, and collected and reviewed medical and psychiatric treatment records, all of which will be submitted to the BDD in support of his claim, from the following providers:

- Fairmount Behavioral Hospital;
- Warren E Smith Health Systems PA.

The following letter is sourced in those interactions and treatment records. It should be noted that as of the time of this writing, I am still waiting on records from a Summer 2019 hospitalization at Einstein Medical Center.

Introduction of Claimant

Mr. Smith is a 26-year old man whose mental illness developed and worsened over the last few years. His grandmother referred him to us for representation in November 2019, citing several hospitalizations over the past year, increasingly bizarre behavior, and an inability to function on a level sufficient to obtain and maintain employment.

According to the treatment records from the providers listed above, Mr. Smith has been diagnosed with the following: unspecified schizophrenia and other psychotic disorder; unspecified psychotic disorder. These diagnoses manifest in the following symptoms and behaviors, as found in the Social Security Disability Evaluation Listings:

12.03: delusions and hallucinations; disorganized thinking and speech.

These result in the following extreme or marked functional limitations:

Limitations in Ability to Understand, Remember, and Apply Information

Mr. Smith has marked limitations in his ability to understand, remember, and apply information. In my own interactions with him, as well as in the treatment documentation, Mr. Smith is highly distractible, and admits to having a hard time keeping things straight in his head. From his intake at Fairmount Hospital: "I have ideas and voices running

crisscrossing in my head.” Even in the middle of his hospital course, however, after he started on medication, Mr. Smith’s limitations persisted:

“...patient was started on 10 mg Zyprexa at bedtime for mood and psychosis. Patient appears perplexed. Zyprexa was increased to 20 mg at bedtime. Patient continues to have thought blocking. Has some initial improvement noted. Takes his medication. Remains somewhat regressed, gradually improved, is quietly psychotic.”

This is consistent with my own interactions with Mr. Smith. He seemed to understand very little of the SSI process as I explained it, and it was necessary for his grandmother to be present for the interview and assist.

Limitations in Ability to Interact with Others

Mr. Smith has marked limitations in his ability to interact with others. His psychosis includes a deep sense of paranoia and suspiciousness, as well as extreme irritability. From his intake at Fairmount:

“‘I’m punching walls so I don’t punch people, I go out there, I think that I’ll do something.’ He stops talking and gets annoyed. The patient starts to mumble about outside zone, inside zone, crazy zone...gets more irritated with questions...”

Limitations in Ability to Concentrate, Persist, or Maintain Pace

Mr. Smith experiences marked limitations in her ability to concentrate, persist, and maintain pace. His grandmother expressed that Mr. Smith will change his mood on the “flip of a switch”; this is corroborated by the records from WES, which report Mr. Smith reportedly commonly experiences “a wide range of emotions in a limited amount of time.” Another documented symptom in the WES treatment records is flight of thought; in our own interactions, Mr. Smith did indeed seem to drift while I was speaking, and I had to bring him back to me multiple times.

Limitations in Adapting or Managing Oneself

Mr. Smith has marked limitations in adapting and managing himself. This is evident by the fact that his grandmother was the one to make the referral to our agency in the first place, and it was she who called up and followed-up with me ever since. Staff at Fairmount note progress with Mr. Smith due to medication, but express doubt he would be capable of taking the medications on his own. When I discussed his illness and symptoms with him, Mr. Smith showed next to no insight whatsoever in the nature of his illness, deferring to the opinions of his grandmother.

Having thoroughly reviewed Mr. Smith’s case, it is my strong opinion that his functional limitations are significant enough to preclude him from attaining or maintaining any kind of substantial gainful activity, rendering him disabled. If you need additional information about the claimant, please do not hesitate to contact me at 215-523-9595.

Very truly yours,

The Homeless Advocacy Project