

# The International Low-Grade Glioma Registry Presents

## **“Navigating Disability Benefits”**

*with the Dana-Farber Cancer Institute Glioma specialists Reaching Out With support (GROW) Initiative*

**Join this 45-minute interactive webinar to learn about disability programs that provide financial support for persons with brain tumors, when working is not possible. There will be time for questions at the end of the webinar.**



**Dana-Farber**  
Cancer Institute

Center for Neuro-Oncology



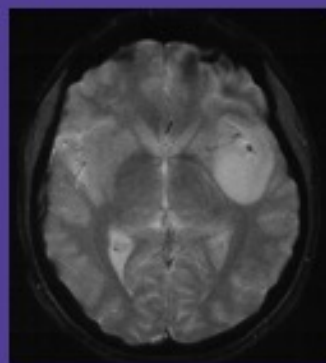
**Brigham and Women's Hospital**

Founding Member, Mass General Brigham

Hosted by the Blum Patient and Family Resource Center

# THE INTERNATIONAL LOW GRADE GLIOMA REGISTRY (E. Claus, PI) -

- ▶ Funded by the National Institutes of Health
- ▶ Includes persons INITIALLY diagnosed with **grade 2/3 glioma** and currently aged 21-79 years with confirmed pathology.
- ▶ No restrictions with respect to sex, gender, race, date of diagnosis or place of residence.
- ▶ **Patients can come from anywhere-web, social media, hospital-based series**
- ▶ **To join or learn more go to**



[www.Gliomaregistry.org](http://www.Gliomaregistry.org)

The screenshot shows the homepage of the International Low Grade Glioma Registry. The header includes navigation links for 'LGG Registry Eligibility', 'OPTIMUM', 'Partners and Glioma', 'LGG Quality of Life', 'Clinical Trials', 'Gallery', and 'FAQ'. A prominent blue button says 'Join the Registry'. The main content area features a large title 'The International Low Grade Glioma Registry' and a subtitle 'An international effort to advance the study of low grade glioma'. Below this, a text block states: 'The Low Grade Glioma Registry is unique because it **focuses specifically on persons initially diagnosed with low grade glioma** brain tumors (grade 2 or 3), as opposed to those diagnosed with high grade glioma'. A section titled 'What do we hope to learn?' is followed by a list of goals: 1. Discover why some people develop glioma while other people do not; 2. Examine whether variations in inherited tumor genes are associated with glioma and with response to treatment; 3. Study how lifestyle factors such as diet, activity level, and occupation may be related with glioma risk and outcomes.

# GROW

GLIOMA SPECIALISTS REACHING OUT WITH

# SUPPORT

INITIATIVE



**Dana-Farber**  
Cancer Institute

The GROW initiative provides **care navigation** services, **resource assistance** and **peer-to-peer support** to individuals diagnosed with lower-grade glioma who receive their care at the Dana-Farber Cancer Institute Center for Neuro-Oncology.

**Disability  
Programs  
Presentation**

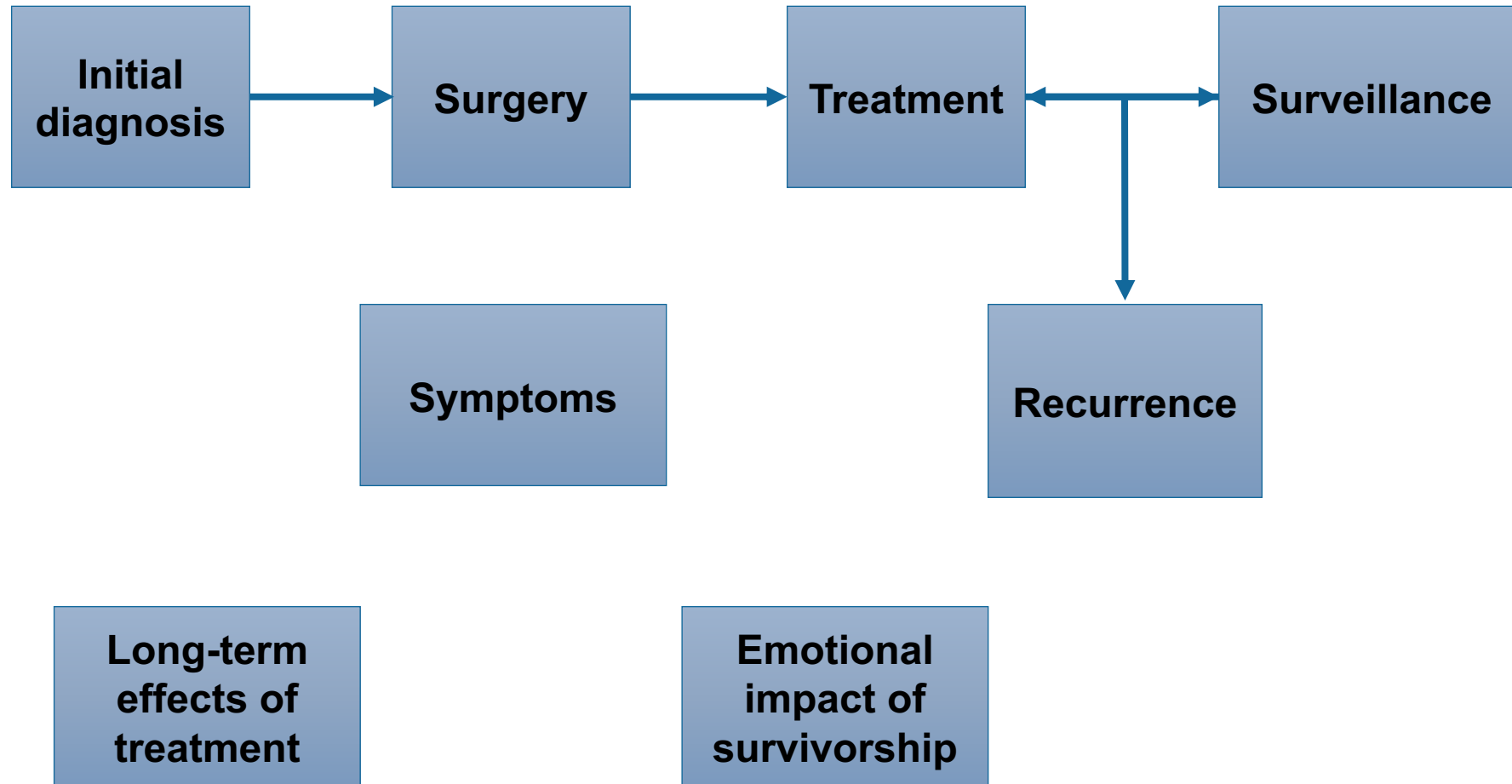


**Live  
Q&A  
Session**



# What is a disability?

“A disability is any condition of the body or mind that makes it more difficult for the person to do certain activities and interact with the world around them.”





**Confirming  
Eligibility**

**Applying**

**Am I eligible to  
apply?**

**Qualifying to  
Receive  
Benefits**

**Receiving  
Benefits and  
Disputing  
Denials**

**What is the  
application  
process?**



# Disability Program Overview

- **Unemployment Insurance (UI)**
- **Family Medical Leave Act (FMLA)**
- **Short-term or Long-term Disability Insurance (STD/LTD)**
- **Supplemental Security Income (SSI)**
- **Social Security Disability Insurance (SSDI)**





## Program **Background**

# Unemployment Insurance (UI)

The federal Social Security Act of 1935 created state-run unemployment insurance programs across the United States that pay recently unemployed individuals an amount based on their recent past earnings.



## Program **Eligibility**

# Unemployment Insurance (UI)

- ✓ Recently unemployed through no fault of your own.
- ✓ Fulfill the state-determined “base period” of time worked.
- ✓ Fulfill all other state-specific criteria.



## Program Eligibility in Massachusetts (MA)

# Unemployment Insurance (UI)

### Have earned at least...

- \$6,000 (rounded down to nearest hundred dollars) during the last 4 completed calendar quarters, **and**
- 30 times the weekly benefit amount you would be eligible to collect



## Program **Application**

# Unemployment Insurance

- Contact your state **Unemployment Insurance program office** to find out whether to file in person, on telephone or online.
  - Ex. → Google “[STATE] unemployment” to find your state’s program eligibility and application information



mass.gov

An official website of the Commonwealth of Massachusetts Here's how you know

Menu State Organizations Log In

Mass.gov

Search Mass.gov

Executive Office of Labor and Workforce Development

## Department of Unemployment Assistance (DUA)

Contact us Who we serve I want to... News

Search the

Notices & Alerts

DUA oversees the unemployment insurance (UI) program, which provides temporary income assistance to eligible workers in Massachusetts. DUA also determines contributions to the UI program. If you have questions about your claim, call Unemployment Claims at 6800.

mass.gov

An official website of the Commonwealth of Massachusetts Here's how you know

Menu Select Language State Organizations

Mass.gov

Search Mass.gov

Unemployment

OFFERED BY Department of Unemployment Assistance

# Unemployment Insurance (UI) for Workers

If you've lost your job or have had your hours greatly reduced, you may qualify for Unemployment Insurance (UI) benefits.

LOG IN [LOG IN TO UI ONLINE](#)

"Unemployment Insurance (UI) for Workers"

mass.gov

Contact us Who we serve I want to... News



Unemployment Insurance for Employers +



Log in to UI Online for claimants +

Unemployment Insurance (UI) for Workers +

Log in to UI Online for claimants +



Logon

\* Indicates Required Field

### Welcome to Massachusetts Unemployment Insurance (UI) Online Application

#### WARNING

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording, and analysis of all data being communicated, transmitted, processed, or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

I have read and understand the information above. I understand that DUA will verify the information that I provide.\*

#### Please provide your Social Security Number

Social Security Number:



Confirm your Social Security Number:





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## Program **Background**

# Family Medical Leave Act (FMLA)

The Family Medical Leave Act was signed into law in 1993 and permits eligible individuals to take up to 12 weeks of unpaid leave from work to care for a loved one or themselves, without fear of losing their job.





## Program **Eligibility**

# Family Medical Leave Act (FMLA)

- ✓ You work for a covered employer.
- ✓ You have worked 1,250 hours in the past year.
- ✓ You have worked for the employer for a total of at least 12 months in the past 7 years.



## Program **Application**

# Family Medical Leave Act (FMLA)

1. Notify your supervisor or Human Resources department as soon as possible
2. Fill out and return certification paperwork (provided by employer)
3. Await confirmation of approval/FMLA “designation”



## Program **Background**



# Paid Family Medical Leave Act (PFMLA)

Beginning in January 2021, the Paid Family Medical Leave program began helping people in Massachusetts take paid time off work for family or medical reasons.



## Program **Eligibility**



# Paid Family Medical Leave Act (PFMLA)

1. You are a covered employee.
2. You earned at least \$5,700 (2022) or \$6,000 (2023) in the past year.

\*<https://www.mass.gov/info-details/employers-and-employment-excluded-from-paid-family-and-medical-leave>



## Program **Application**



# Paid Family Medical Leave Act (PFMLA)

1. Notify your supervisor or Human Resources department.
2. Complete application with employer or through the state.
3. Ask a health care provider to complete a Certification of Serious Health Condition.

# Certification of Serious Health Condition



# Paid Family Medical Leave Act (PFMLA)



Page

## Certification of Your Serious Health Condition

You are required to notify your employer before submitting an application. Once you have notified your employer, the Department of Family and Medical Leave (DFML) will review your application to determine your eligibility for benefits. Both the employee who is applying for leave and a health care provider must complete a portion of this form. **This form will be shared** with DFML, your employer, employer affiliates, and state partners.

### This form is required for...

✓ **Medical leave due to your own serious health condition** or conditions due to pregnancy or post-birth recovery that prevent you from working, as certified by a health care provider.

### This form is not required for Family Leave to...

- ✗ **Care for a family member with a serious health condition** including a family member with a serious health condition related to military service.
- ✗ **Bond with a child** within 12 months after birth, adoption, or foster care placement.
- ✗ **Manage affairs** for a family member who is an active service member.

## How to use this form

### Employee

1. Complete **Section 1** to tell us about your reason for taking leave.
2. Print your name on **Pages 4-6**.
3. Give **all 6 pages** of the form to the health care provider who is treating you. The health care provider will complete **Sections 2-4** and return the form to you. Benefits will be delayed or denied without certification from a health care provider.
4. Apply for leave at [Mass.gov/paidleave-apply](https://mass.gov/paidleave-apply). When you apply you will need this **entire completed form**. Some of the questions in the application will refer to the form.
5. Upload the **entire completed form** to your paid leave account at [Mass.gov/paidleave-apply](https://mass.gov/paidleave-apply). You may need to take a photo of your form or scan it to upload it.

### Health care provider (HCP)

1. Review **Page 2** for definitions of key terms.
2. Complete **Sections 2-4** to certify the patient's serious health condition.
3. Sign and date form on **Page 6** to attest to the information provided.
4. Return the **entire form** to the patient whose information is in **Section 1**.

Paid Medical Leave | Certification of Your Serious Health Condition

Page 4

### Employee

Your Name: \_\_\_\_\_

### Health care provider

## Health Care Provider Certification of a Serious Health Condition

## 2 Patient's Serious Health Condition

**Instructions** ▶ This form should be filled out by the employee's health care provider. For the employee to qualify for paid leave, the patient must have a serious health condition. Answer all questions fully and completely.

7 Which of the following apply to the patient's serious health condition? Check all that apply; this includes mental health.

- Requires, or did require inpatient care.
- Is chronic, requires treatments at least twice a year, and may require periodic absences.
- Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days, **AND** (pick one)
  - Requires two or more medical visits within 30 days.
  - Requires multiple treatments and would lead to a period of incapacity without treatment.
- Is long-term and requires ongoing medical supervision, with or without active treatment.
- Requires one medical visit, plus a regimen of care.
- None of the above.

◀ If none apply, the patient is not eligible for PFML.

8 Provide appropriate medical facts about the patient's serious health condition (e.g., symptoms, prescriptions, referrals for evaluation or treatment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 State at least one essential job function the patient is unable to perform due to their serious health condition (e.g., specific tasks like sitting at a computer, performing manual labor, making decisions, or the ability to work at all)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Is this serious health condition a job-related injury?



# Paid Family and Medical Leave (PFML) overview and benefits

Learn more about Massachusetts's Paid Family and Medical Leave (PFML), including how to apply, leave benefits, and approval timelines.

## TABLE OF CONTENTS

- ▼ [What is Paid Family and Medical Leave \(PFML\)?](#)
- ▼ [Who's eligible for Paid Family and Medical Leave?](#)
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- ▼ [How much will I get paid?](#)
- ▼ [When should I start my application?](#)
- ▼ [What will I need to begin my application?](#)
- ▼ [Find your employer's Federal Employer Identification Number](#)
- ▼ [Application review timeline](#)
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# Disability Program Overview

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## Program Background

# Short-Term and Long-Term Disability (STD/LTD)

Short-Term and Long-Term Disability Insurance provides income replacement if you are unable to work, as deemed by a medical professional. It is common to be automatically enrolled in these programs through your employer.



## Program **Eligibility**

# Short-Term and Long-Term Disability (STD/LTD)

- ✓ You have contributed to (pay for) a plan as a part of your employee benefits.
- ✓ You fulfill your unique employer and plan eligibility criteria (ex: time worked).



## Program **Application**

# Short-Term and Long-Term Disability (STD/LTD)

1. Notify your supervisor or Human Resources department as soon as possible.
2. Fill out and return certification paperwork (provided by employer).
3. Await confirmation of approval.



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- **Social Security Assistance (SSA)**
- **Social Security Disability Insurance (SSDI)**



## Programs **Background**

# Social Security Assistance (SSA)

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) are federal **Social Security Assistance (SSA)** programs that originate from the Social Security Act of 1935.



# Disability Program Overview

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## Program **Eligibility**

# Supplemental Security Income (SSI)

- ✓ You have little or no income
- ✓ You have little or no resources (things you own)
- ✓ You have a disability or are older than 65



## Program **Application**

# Supplemental Security Income (SSI)

1. Check eligibility online or over the phone.
- 2a. Complete a 5-10 minute online form about why you want to apply for benefits to receive help applying or...
- 2b. Complete and submit an application.





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## Program **Eligibility**

# Social Security Disability Insurance (SSDI)

- ✓ You have worked enough and recently enough and paid taxes.
- ✓ You have a qualifying medical condition or disability.



## Program **Application**

# Social Security Disability Insurance (SSDI)

1. Gather documents.
2. Complete and submit an application.
3. Wait for confirmation that you meet basic requirements, past and current work qualifications.
4. Wait for a disability determination decision.



# Program Applications

## Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)

An official website of the United States government [Here's how you know](#) ▾

[What should I do if I get a call claiming there is a problem with my Social Security number or account?](#)

Social Security [Benefits](#) ▾ [Medicare](#) ▾ [Card & record](#) ▾  [Español](#) | [Sign in](#)

### Securing your today and tomorrow

<b>Prepare</b> <ul style="list-style-type: none"><li>Check eligibility for benefits</li><li>Get a benefits estimate</li><li>Plan for retirement</li></ul>	<b>Apply</b> <ul style="list-style-type: none"><li>Apply for benefits</li><li>Sign up for Medicare</li><li>Apply for SSI</li></ul>	<b>After you apply</b> <ul style="list-style-type: none"><li>Check application or appeal status</li><li>Appeal a decision we made</li></ul>
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**Confirming  
Eligibility**

**Applying**

**Qualifying to  
Receive  
Benefits**

**Receiving  
Benefits and  
Disputing  
Denials**



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**[glioma@yale.edu](mailto:glioma@yale.edu)**

Low Grade Glioma Registry    Get Involved   OPMRM Study   MG   About   **Join the Registry**


# About the Low Grade Glioma Registry

The Low Grade Glioma Registry and OPMRM study are longitudinal, epidemiological studies of people diagnosed with astrocytoma and oligodendroglioma brain tumors. The Registry is an international study that welcomes participants from around the world.

Find out if you qualify to participate in the Registry. Click the button below to find out if you qualify to participate in the Low Grade Glioma Registry.

[Learn more](#)

The Low Grade Glioma Registry is conducted in partnership with investigators at the Yale School of Public Health, the University of Colorado School of Medicine (CSM), the Jackson Laboratory, Brigham & Women's Hospital (BWH), and Beth Israel Deaconess Medical Center. Major funding is provided by the National Cancer Institute (NCI) and NCI Cancer Moonshot™ initiative.



Neelima Das and Dr. Suresh are patient community leaders on the OPMRM Research Advisory Council.

## How to join?

- 1) Gliomaregistry.org
- 2) Contact [glioma@yale.edu](mailto:glioma@yale.edu)
- 3) In person in Boston, New Haven, San Francisco (MGB, YNHH, UCSF)

TWITTER handle @gliomaregistry,  
Facebook



Thank you to NCI, The American Brain Tumor Association, The National Brain Tumor Society, LOGLIO, and all of our participants.





# Q&A