**New Referral information for IPS & SOAR**

Date: Person referring:

Name of member:

Address of member:

Best phone #: Best method of contact:

**PART A: EMPLOYMENT QUESTIONS**

Are you currently working? *(If candidate is currently working)*: Where? What type of work? How long have you worked there? How many hours per week do you work? How much do you earn each month? Is there anything you struggle with while on the job or find difficult about your work?

Are you interested in going to work if you aren’t currently employed? Why or why not? *(If they indicated they are interested in work see the “Vocational Assessment” form.)*

Are there types of work that currently interests you? *(If yes)*: Types of environments? How many hours per week? Manual labor or desk job? Etc.

What are some strengths you could bring to a job?

What are some barriers *(i.e. substance abuse disorders, mental and physical disabilities, legal history, etc.)* to employment and how could you overcome them?

**PART B: SOCIAL SECURITY BENEFITS DETERMINATION**

Are you looking to apply for Social Security benefits? [ ]  Yes [ ]  No (*if yes, see identifying SOAR Applicant document)*

Have you recently applied for Social Security benefits? [ ]  Yes [ ]  No If yes, date:

What was the decision on your application? [ ]  Pending [ ]  Denied

(If denied) Did you appeal? Are you waiting on a decision? Are you working with a lawyer?

**PART C: HOMELESSNESS DETERMINATION**

Where are you currently living? *Check the appropriate selection*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Homeless** |  |  | **At-Risk for Homelessness** | ***[ ]***  |
| Outdoors | ***[ ]***  |  | Doubled up/couch-surfing | ***[ ]***  |
| Shelter | ***[ ]***  |  | Received eviction notice or has substantial arrears in rent/utilities | ***[ ]***  |
| Transitional Housing | ***[ ]***  |  | Permanent supportive housing that is grant funded (Housing First placements) | ***[ ]***  |
|  |  |  | Exiting foster care | ***[ ]***  |
|  |  |  | Institution – hospital, nursing home, etc. | ***[ ]***  |
|  |  |  | Jail | ***[ ]***  |

**If homeless, how long have you been homeless:** **Years** **Months**

**PART D: DIAGNOSTIC INFORMATION**

|  |
| --- |
| Please list all mental and physical health diagnoses:  |
| Where have you been treated for these conditions?  |
| Current medications and prescribing physician/agency:  |
| Do you have a history of substance use? [ ]  Yes [ ]  No*Prior or current substance use is not a disqualifying factor for SOAR* |
| Have you received treatment for a Substance Abuse Disorder? [ ]  Yes [ ]  NoIf yes, where?  |
| Last substance(s) used:  | Last known date of use:  |

**CONTINUE PART D: DIAGNOSTIC INFORMATION**

How do your conditions make things difficult for you on a daily basis: Do you notice any difficulties with day-to-day activities? Do you have trouble getting along with others or feeling like you want to avoid people? Have you noticed any changes in your memory?

**PART E: LEGAL HISTORY QUESTIONS**

Do you have a criminal record? [ ]  Yes [ ]  No *(Be sure to mention that a yes does not disqualify them.)*

*(If yes)*: What and when?

**PART F: GENERAL INFORMATION**

What are good times to meet you? *(What days do they see the team)*

How should I or a colleague connect with you? *(i.e., Should I go out with someone for the next scheduled meeting with them to be introduced, should I just call them and introduce myself?)*

Are there any issues I should be aware of?

Anything else I should know?

For referring purposes, what’s the best approach with this person? *(What strategies have you used that have been helpful with this member?)*

For referring purposes, anything that should be noted about this case?

Referring staff signature: