# SOAR Leadership Academy Application

Name: Click here to enter text.

Title: Click here to enter text.

Agency: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

E-mail: Click here to enter text.

Describe your role at your agency. How is your role funded?

Click here to enter text.

What is your involvement with SOAR? *(Check all that apply)*

I have successfully completed the SOAR Online Course

I have assisted with SSI/SSDI applications using the SOAR model

I track data in the SOAR Online Application Tracking (OAT) Program

I have joined at least one SOARing Over Lunch call

I have joined at least one SOAR webinar

I am a member of a SOAR steering committee

Other (Please explain): Click here to enter text.

What are your goals for SOAR in your community?

Click here to enter text.

How will you support SOAR implementation?

Click here to enter text.

How will you function as a SOAR Local Lead in your community? *(Check all that apply)*

Gain community buy-in for SOAR

Establish a SOAR Steering Committee

Lead SOAR Steering Committee meetings

Provide guidance and support to SOAR case managers in my community

Lead SOAR Online Course Cohort trainings

Facilitate periodic one-day SOAR Online Course Review Sessions

Explore funding opportunities for SOAR dedicated positions

Other (Please explain): Click here to enter text.

Describe your availability and commitment to perform the activities you selected above.

Click here to enter text.

In registering for the Leadership Academy, I understand that my role as a Local Lead requires me to complete the SOAR Online Course prior to the event. I understand that I will conduct regular steering committee meetings, facilitate SOAR Online Course Review Sessions, and track SOAR outcomes. I commit to being a resource person for others who are assisting with SSI/SSDI applications using the SOAR model. I have the full support and commitment of my agency director as indicated below.

**Signature:** Click here to enter text.

**To Be Completed by Your Agency Director**

As the director of the agency where the Local Lead is employed, I support this person’s commitment to conduct steering committee meetings, facilitate SOAR Online Course Review Sessions, and track outcomes in our community/state.  I understand that the Local Lead has made acommitment to being a resource person for others who are using the SOAR model.  I authorize the person to attend the Leadership Academy and support him/her becoming a SOAR leader in our community.

**Agency Director Signature:** Click here to enter text.

**Print Name/Title:** Click here to enter text.

**Agency**: Click here to enter text.

**For Completion by State Team Lead Only:**

**I,** Click here to enter text.**, *(Name)* SOAR State Team Lead for** Click here to enter text. ***(State),* recommend this applicant attend the SOAR Leadership Academy in *(select preferred date/city):***

December 4-6, 2018 – Richmond, Virginia

March 19-21, 2019 – Little Rock, Arkansas

June 18-20, 2019 – Milwaukee, Wisconsin

September 10-12, 2019 – Seattle, Washington

**Return completed form to your SOAR TA Center Liaison. You can find their contact information here:** <https://soarworks.prainc.com/content/contact-us>

**For more information, contact your Liaison or:**

Deborah Stevens, Project Assistant

SAMHSA SOAR Technical Assistance Center

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