**Sample SOAR Referral Application: Child**

*Please complete in full and fax to:* [Contact Name] *at*[Fax #]

|  |  |
| --- | --- |
| Child’s Name:       | Date of referral:       |
| Referring agency:       | Referring staff and title:       |
| Staff contact number:       | Referral email address:       |

**Child’s Identifying Information:**

|  |  |  |
| --- | --- | --- |
| Date of birth:       | SSN:       | Medicaid/Medical Insurance Number:       |
| Gender:       | Pronouns:       | Race:       | Language(s) spoken:       |
| Education (last grade completed):       | Current school:       |
| Parent/Legal Guardian contact name and number:       |

**Part A: Address and Living Arrangement**

Address (street address, city, state, zip code, county):

With whom is the child living? *Check the appropriate selection*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| With parent(s) | ***[ ]***  |  | With friends or other unrelated persons | ***[ ]***  |
| With a relative who is not the child’s parent | ***[ ]***  |  | Unaccompanied (by themselves) | ***[ ]***  |
| With a guardian or foster parent | ***[ ]***  |  |  |  |

Where is the child 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) | ***[ ]***  |
| If homeless, how long has the Child been homeless?       Years and       Months |  | Currently in or exiting foster care | ***[ ]***  |
|  | Hospital/Residential Treatment/Group Home | ***[ ]***  |
|  | Juvenile detention facility | ***[ ]***  |

If in a hospital, treatment, or juvenile detention facility are they expected to be released within 30 days? [ ]  Yes [ ]  No

Were they experiencing homelessness before entering the facility? [ ]  Yes [ ]  No

**Part B: Current or Past Applications for SSI**

|  |  |  |
| --- | --- | --- |
| Has the child previously applied for Supplemental Security Income (SSI)?  | [ ]  No [ ]  Yes  | If yes, date:  |
| What was the decision on the application? |
| [ ]  Pending  | [ ]  Denied | [ ]  Approved |
| Is the child working with a lawyer? [ ]  Yes [ ]  No  | Did the child appeal? [ ]  Yes [ ]  NoIf yes, are they waiting on a decision? [ ]  Yes [ ]  No Are they working with a lawyer? [ ]  Yes [ ]  No | If the child previously received SSI, please list the dates: Why is the child no longer receiving SSI?  |

**Part C: Income and Resources**

|  |  |
| --- | --- |
| Is the child working and earning over $1,350/month (substantial gainful activity for 2022)? | [ ]  Yes [ ]  No |
| How many children live in the household?  |  |
| How many parents (including stepparents) live in the household?  |  |
| Please list all sources of income for the family, as well as the amounts from each source:  |
| Using the chart in Section F, does the family’s estimated monthly income fall within the eligibility guidelines for SSI?  | [ ]  Yes [ ]  No |

**Part D: Diagnostic Information**

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| Please list all mental and physical health diagnoses or conditions (include emotional or learning difficulties, even if not formally diagnosed):       |
| Where has the child been treated for these conditions, e.g.) clinic, hospital, pediatrician, specialist, child partial hospital program, day treatment, afterschool program, juvenile detention?       |
| Current medications and prescribing physician/specialist:       |
| Does the child have an Individualized Education Program (IEP) or are they receiving special education services at school? If yes, what are the special education needs identified (if known)?  |
| Does the child have a history of substance use or addiction? [ ]  Yes [ ]  NoIf yes, has the child received treatment for substance use or addiction? [ ]  Yes [ ]  NoIf yes, please list type of program (s), e.g.) residential program, outpatient, intensive outpatient, day treatment/partial hospitalization, inpatient, medication-assisted: *Prior or current substance use is not a disqualifying factor for SSI or assistance from a SOAR provider* |
| Last substance(s) used:       | Last known date of use:       |

**Part E: Narrative questions for SOAR eligibility**

*Ask these questions to the candidate and record answers*

|  |  |
| --- | --- |
| 1. | Why are you referring the child for assistance with Social Security disability benefits? |
|  |       |
| 2. | What limitations does the child have in completing daily activities? Does the child struggle with learning new information, completing tasks, caring for themselves, or being around others? Does the child need extra help at home, school or community? Does the child require more support than other children of the same age who do not have impairments? |
|  |       |

**Section F: Income Chart, Summary, and Next Steps**

**Income Deeming for Children**

If a child is under age 18, not married, and lives at home with parent(s) who do not receive SSI benefits, SSA may consider a portion of the parents' income and resources as if they were available to the child.  They may also count a portion of a stepparent’s income and resources if the child lives with both a parent **and** a stepparent (or an adoptive parent **and** a stepparent).  This also occurs when a child is temporarily away at school, returns home during weekends, holidays or during the summer and remains subject to parental control. SSA calls this process "deeming."

SSA makes deductions from deemed income for parents and for other children living in the home. After subtracting these deductions, SSA uses the remaining amount to decide if the child meets the SSI income and resource requirements for a monthly benefit.

**Deeming Eligibility Chart for Children for 2022**

The chart below gives the highest amount of gross monthly income for this year (before taxes are withheld) that a parent(s) can earn or receive and still have a child qualify for SSI.  Note that SSA does not count some types of income that a parent may receive; for example, money received for providing foster care to an ineligible child.

|  |  |
| --- | --- |
|  | **Gross monthly income BELOW the dollar amounts shown means a disabled child may be eligible for SSI benefits.****Amounts given are general guidelines only.** |
| **Number ofineligiblechildren inhousehold** | All income is **earned** | All income is **unearned** |
| One parent inhousehold | Two parents inhousehold | One parent inhousehold | Two parents inhousehold |
| 0 | $3,489 | $4,329 | $1,722 | $2,142 |
| 1 | $3,909 | $4,749 | $2,142 | $2,562 |
| 2 | $4,329 | $5,169 | $2,562 | $2,982 |
| 3 | $4,749 | $5,589 | $2,982 | $3,402 |
| 4 | $5,169 | $6,009 | $3,402 | $3,822 |
| 5 | $5,589 | $6,429 | $3,822 | $4,242 |
| 6 | $6,009 | $6,849 | $4,242 | $ 4,662 |

**Summary and Next Steps**

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| To assess SOAR eligibility for children (ages 0-17) we are looking for basic information on:* The presence of medical and/or psychiatric conditions or symptoms (including emotional and learning problems) that would fit an SSA listing
* How the conditions have lasted or are expected to last at least 12 months, or end in death
* The ways in which the conditions limit the child’s ability to function in the home, school and community, as compared to children of the same age who do not have impairments
* How the child and/or parent/guardian fits the income and resource requirements for SSI eligibility
 |
| ***SOAR specialists will contact the child and/or parent/guardian to follow up on information provided on this form. A full intake assessment may be required to gather additional supporting evidence to determine if we can utilize SOAR to assist the child with an SSI application.*** |

**SOAR Referral Follow-up**

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| **Child’s Name:**       |
| Date Referral Received:       | Date child or parent/guardian contacted:       |
| *If unable to contact, list dates of contact attempts*:       |
| **Notes from call/meeting with child and/or parent/guardian:**       |
| **Next Steps:** |
| **[ ]** Intake assessment is **NOT appropriate.**  |
| Reason:       | Follow-up resources or referrals provided:       |
| [ ]  Child is **eligible for intake assessment** and will have: [ ]  Active placement. Initial appointment for screening scheduled for:       [ ]  Waitlist placement. Initial appointment to be scheduled at a later time. |
|  |
|  |  |  |
| **SOAR Staff Signature** |  | **Date** |