**Sample SOAR Referral Application**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name:  |  | Date of referral:  |  |
| Referring agency:  |  | Person making referral:  |  |
| Staff contact number:  |  | Email address:  |  |

**Candidate Identifying Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth:  |  | Gender:  |  | Pronouns:  |  | Race:  |  |
| *(must be within 30 days of 18years of age, or within 180 days if exiting foster care)* |
| SSN: |  | Education (last grade completed): |  | Marital Status: |  |
| Current living arrangement (address, shelter, area of town):  |
| Employment status:  |  | Veteran?  |  |
| Emergency contact name and number:  |

**Part A: Homelessness/At-Risk Assessment**

Where is the candidate currently living? *Check the appropriate selection*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Homeless** | “X” |  | **At-Risk for Homelessness** | “X” |
| 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 has the candidate been homeless:**  |  | **Years and** |  | **Months** |
| **Is the candidate in an institution or jail?** |  | **Yes** |  | **No** |
| If yes, are they expected to be released within 30 days?  |  | **Yes** |  | **No** |
| Were they experiencing homelessness before entering the facility?  |  | **Yes** |  | **No** |
| **Has the candidate had difficulty maintaining housing?**  |  | **Yes** |  | **No** |
| If yes, please describe:  |

**Part B: Current Application for SSA Benefits or Pending Appeal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has the candidate recently applied for Social Security benefits?** |  | **Yes** |  | **No** |
| If yes, date of application:  |  | Decision on application: |  | **Pending** |  | **Denied** |
| If denied, did the candidate appeal? |  | **Yes** |  | **No** |
| If yes, are they waiting on a decision? |  | **Yes** |  | **No** |
| Are they working with a lawyer? |  | **Yes** |  | **No** |

**Part C: Diagnostic Information**

|  |
| --- |
| Please list all mental and physical health diagnoses:  |
| Where has the candidate been treated for these conditions?  |
| Current medications and prescribing physician/agency:  |
| Does the candidate have a history of substance use?  |  | **Yes** |  | **No** |
| *Prior or current substance use is not a disqualifying factor for SOAR* |
| Last substance(s) used:  | Last known date of use:  |

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

*Ask these questions to the candidate and record answers*

|  |  |
| --- | --- |
| 1. | Can you tell me about why you are looking to apply for Social Security benefits?  |
|  |  |
| 2. | When was the last time you were able to work? Why did you leave that position? Can you tell me about any times you have tried to work in the past couple of years? *(If candidate is currently working)*: Tell me about your job: 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?  |
|  |  |
| 3. | Tell me about any ways that 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?  |
|  |  |

**Summary and Next Steps**

|  |
| --- |
| To assess SOAR eligibility we are looking for basic information on:* The presence of medical and/or psychiatric conditions or symptoms which would fit an SSA listing
* Current treatment, or a history of treatment for conditions
* Inability to work and earn SGA[[1]](#footnote-1) due to medical and/or psychiatric conditions (not because they can not find work or were laid off)
* Impairments in functioning due to medical and/or psychiatric conditions
 |
| ***SOAR specialists will contact the candidate 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 assist the candidate with a SOAR application.***  |

**SOAR Referral Follow-up**

|  |
| --- |
| **Candidate Name:**  |
| Date Referral Received:  | Date candidate contacted:  |
| *If unable to contact, list dates of contact attempts*:  |
| **Notes from call/meeting with candidate:**  |
| **Next Steps:** |
|  | Intake assessment is **NOT appropriate.** |
| Reason:  | Follow-up resources or referrals provided:  |
|  | Candidate 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** |

1. See <https://soarworks.samhsa.gov/article/ssa-annual-updates> for current SGA amount. [↑](#footnote-ref-1)