



SOAR Referral Application

Please complete in full and fax to: Yvette Hynson 410-770-4809

Candidate Name: _____ Date of referral: _____

Referring agency: _____ Person making referral: _____

Staff contact number: _____ Email address: _____

Candidate Identifying Information:

Date of birth: _____ Gender: _____ Race: _____ Marital Status: _____
(must be within 30 days of 18 years of age, or within 180 days if exiting foster care)

SSN: _____ Education (last grade completed): _____

Current living arrangement (address, shelter, area of town): _____

Employment status: _____ Veteran? _____

Telephone Number _____ Emergency Contact Person/Telephone Number _____

Part A: Homelessness/At-Risk Assessment

Where is the candidate currently living? Check the appropriate selection

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

If homeless, how long has the candidate been homeless: _____ Years _____ Months

If the candidate is in an institution or jail, is he/she expected to be released within 30 days? Yes No

Was he/she 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:

What was the decision on your application? Pending Denied

(If denied) Did the candidate appeal? Is he/she waiting on a decision? Is he/she working with a lawyer?

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?
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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 (\$1,180/month in 2018) due to medical and/or psychiatric conditions (not because he/she can not find work or was 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:

List 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
