

Homelink SOAR Project Participation Form

Please complete in full and upload into HMIS

HMIS Number	·:	Date of refer	ral:	
Referring agency: Staff contact		_Staff making refer	ral:	
number:		Email addre	ess:	
Candidate Int	formation:			
Education (la completed):	st grade	Marital Status:		
Employment status:			Veteran?	
Emergency co	ontact name and number:			
Where is the c	Part A: Hor candidate currently living? <i>Check</i> Homeless	nelessness the appropriate sele ⁽ 'X"	ection	
	Place Not Meant for Habitation			
	Shelter			
	Transitional Housing			
Current living of town):	arrangement (address, shelter, ar	ea		
	elessness episode began: date had difficulty maintaining	Yes	 No	
•	se describe:	103		
E	Part B: Current Application for S	SSA Benefits or Pe	ending Anneal	
	date recently applied for Social So			



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 c	lecision?	Yes	No
Are they working with a lawy	er?	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 disgualifying factor for SOAR

Last substance(s) used (If applicable):

Last known date of use (If applicable):

Part D: Narrative questions for SOAR eligibility

Ask these questions to the candidate and record the 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 the 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 feel 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 that would fit an SSA listing
- Current treatment, or a history of treatment for conditions
- Inability to work and earn SGA¹ 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

The Close to Home SOAR Lead will contact the referring partner to follow up on the information provided on this form. A full intake assessment may be required to gather additional supporting evidence to determine if the SOAR Case Managers can assist the candidate with a SOAR application.

Client Signature:	 Date:
Staff Signature:	 Date: