



Homelink SOAR Project Participation Form

Please complete in full and upload into HMIS

HMIS Number: _____ Date of referral: _____
Referring agency: _____ Staff making referral: _____
Staff contact number: _____ Email address: _____

Candidate Information:

Education (last grade completed): _____ Marital Status: _____
Employment status: _____ Veteran? _____
Emergency contact name and number: _____

Part A: Homelessness

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

Homeless	"X"
Place Not Meant for Habitation	
Shelter	
Transitional Housing	

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

Date the homelessness episode began: _____
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**

Close to Home

4100 E. Piedras, Suite 105 | San Antonio, TX 78228 | 210.876.0720 | www.close-to-homesa.org



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**



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: _____