

SSI/SSDI Outreach, Access & Recovery (SOAR) Screening

Referring Agency:	Staff Contact Name:
Referral Contact Number:	Referral Date:
Referral Contact Email/ Alt. Contact:	Screening Date:

Candidate Identifying Information:

Candidate Name:	HMIS ID:	Gender:
Date of Birth:	Race:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced

(must be within 30 days of 18 years of age, or within 180 days if exiting foster care)

Citizenship Status	<input type="checkbox"/> US Citizen	Social Security #:	
	<input type="checkbox"/> Permanent Resident	Resident Alien #	
	<input type="checkbox"/> Other:	Other:	
ID client has in their possession:	ID copied/on file with SOAR Worker	ID to Replace/ Unavailable / Lost/ Stolen	Notes:
<input type="checkbox"/> __ State ID/ DL	<input type="checkbox"/> ____ State ID/ DL	<input type="checkbox"/> __ State ID/ DL	
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> US Passport	<input type="checkbox"/> US Passport	<input type="checkbox"/> US Passport	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Client Profile					
Phone Number:		Alt. Number/Email:			
Emergency Contact:					
Current living arrangement (address, shelter, area of town):					
Education level:		Employment Status:		Veteran Status:	
Monthly Income:		Other Benefits:		# of Children:	
City/State of Birth:		Mother's Maiden Name:		Father's Name:	
Dates & Locations of Marriages & Divorces:					
Notes:					

Client Engagement Attempts		
Date	Contact Method	Results / Date Screening Scheduled

Part A: Homelessness/At-Risk Assessment

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Homeless</th> </tr> <tr> <td><input type="checkbox"/> Outdoors</td> </tr> <tr> <td><input type="checkbox"/> Shelter</td> </tr> <tr> <td><input type="checkbox"/> Place not meant for human habitation</td> </tr> <tr> <td><input type="checkbox"/> Transitional Housing</td> </tr> <tr> <td>Length of time homeless: (month/year)</td> </tr> </table>	Homeless	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Shelter	<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Transitional Housing	Length of time homeless: (month/year)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">At-Risk for Homelessness</th> </tr> <tr> <td><input type="checkbox"/> Doubled up/couch-surfing</td> </tr> <tr> <td><input type="checkbox"/> Received eviction notice or has substantial arrears in rent/utilities</td> </tr> <tr> <td><input type="checkbox"/> PSH, TSH, RRH that is grant funded (Housing First placements)</td> </tr> <tr> <td><input type="checkbox"/> Exiting foster care</td> </tr> <tr> <td><input type="checkbox"/> Institution Homeless prior to entry? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	At-Risk for Homelessness	<input type="checkbox"/> Doubled up/couch-surfing	<input type="checkbox"/> Received eviction notice or has substantial arrears in rent/utilities	<input type="checkbox"/> PSH, TSH, RRH that is grant funded (Housing First placements)	<input type="checkbox"/> Exiting foster care	<input type="checkbox"/> Institution Homeless prior to entry? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Jail Expected release date:

Please describe how candidate has had difficulty with maintaining housing:

Part B: Current Application for SSA Benefits or Pending Appeal

Has the candidate applied for Social Security benefits? Yes No If yes, date:

If yes, the application: is pending (initial decision) is pending (appealed decision) was denied

If denied, reason for denial: **Is the candidate working with a lawyer?** Yes No

Has the candidate ever received SSI/ SSDI? If so, when and why did it stop?

Part C: Diagnostic Information

Please list all mental and physical health diagnoses: (obtained directly or from documentation review)

Past and current treatment locations for these conditions (Include Substance Use Treatment Episodes including Withdrawal Management (Detox):

Current medications and prescribing physician/agency:

Substance use history:	<input type="checkbox"/> Yes (currently)	<input type="checkbox"/> Yes (in the past)	<input type="checkbox"/> No
Date of Last Use & Substance:			
<i>Prior or current substance use is not a disqualifying factor for SOAR</i>			

Part D: Narrative questions for SOAR eligibility

Ask these questions to the candidate and record answers.

Can you tell me about why you are looking to apply for Social Security benefits?

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 do you relate to supervisors & coworkers? How much do you earn each month? Is there anything you struggle with while on the job or find difficult about your work? Do you want to work? If so, what type? Have you ever been enrolled in or received special education? If so, what grades and for how long?

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?

Are there any supports/witnesses to your functioning and symptoms? (Identify case managers, therapists, significant others, etc.,)

Do you have any current warrants, currently on probation or have any other legal and or criminal justice involvement? If so, explain with dates and give the name of the probation officer or other parties handling your case. (Active fleeing felony warrants will exclude participant from the applying for SOAR)

Any functioning assessments for disability, biopsychosocial assessments or mental status exams completed in the last 12 months? By whom? (interactions with others / concentration and memory / adjusting)

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 and/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
- 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.

Notes from call/meeting with candidate and/or referral source:

Next Steps:

- Candidate is **Eligible for SOAR intake** and will have:
 - Active placement. Initial intake appointment scheduled for:
 - Waitlist placement. Initial intake to be scheduled at a later time.
- Intake is **NOT appropriate**. Reason: has lawyer no SMI no recent medical evidence
- Other (Explain):**
List follow-up resources or referrals provided:

SOAR Staff Signature

Date