**SOAR Eligibility**

**Candidate Identifying Information:**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*If you are a case manager referring a client, name is not necessary to protect PHI\***Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone and/or email address of candidate (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current living arrangement (address, shelter, area of town): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approximate Monthly Income from All Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Employment status:  |  | Are they a Veteran?  |  |

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

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

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| --- | --- | --- | --- | --- |
| **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 |  |

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| **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**

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| --- | --- | --- | --- | --- |
| **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** |

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| **Part C: Diagnostic Information**Please list all mental and physical health diagnoses:  |
| Where has the candidate been treated for these conditions in the last 2 years?  |
| Current prescribing physicians, case managers or other service providers:  |
| Does the candidate have a history of substance use?  |  | **Yes** |  | **No** |
| *Prior or current substance use is not a disqualifying factor for SOAR* |

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

*Ask these questions to the candidate and record answers*

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| 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?  |
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| 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?  |
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| 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 (2025: $1,620/month or $2,700/month if blind) 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
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