



SOAR Referral Form

Please complete in full and fax to **SouthLight SOAR Team** **Fax: (888)233-0586** **Phone: 919-793-3502**

Candidate Name: _____ Date of Referral: _____

Referring Agency: _____ Person Making Referral: _____

Staff Contact Number: _____ Email Address: _____

Candidate Identifying Information:

Date of Birth: _____ Race: _____ Gender: _____ 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): _____

Candidate Phone Number: _____ Employment Status: _____ Veteran: _____

Emergency Contact Name and Number: _____

Benefits

Is individual receiving any income or other public benefits (Please circle all that apply)? Yes No

Wages/Employed SSI/SSDI FOOD STAMPS OTHER _____

Part A: Homelessness/At-Risk Assessment

Homeless

- Place Not Meant for Permanent Human Habitation (Car, Tent, or Streets)
- Emergency Shelter
- Transitional Housing for the Homeless

At-Risk of Homelessness

- Staying with Family Members or Friends
- Institution – hospital, nursing home, etc.
- Permanent supportive housing that is grant funded (HUD VASH or Wake County Rental Assistance, etc.)
- Exiting Foster Care
- Jail
- Eviction Notice/Couch Surfing`

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

Other Information

1. Is individual connected to any form of case management services? NO YES where: _____

Employment History (Please check all that apply)

- Individual is not working due to medical and/or psychiatric conditions (i.e. not b/c cannot find work or laid off)
- History of failed work attempts (started and stopped employment due to diagnosed disability)
- Long work history, but can no longer work up to substantial gainful activity (SGA) due to condition
- Scattered work history due to conditions and other factors

Last most recent place of Employment: _____

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

Is the application ____ Pending ____ Approved ____ 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



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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)

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?

The Southlight SOAR Team 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. Please note, due to demand; it may take 2-3 weeks for a response.