



OLYMPIC
HEALTH &
RECOVERY
SERVICES



Sample SOAR Referral Application

Please complete in full and fax to: OHRS SOAR Coordinator
at 360-489-1435

Candidate Name: _____ Date of referral: _____

Referring agency: _____ Person making referral: _____

Staff contact number: _____ Email address: _____

Candidate Identifying Information:

Date of birth: _____ Gender: _____ Pronouns: _____ Race: _____
(must be within 30 days of 18 years of age, or within 180 days if exiting foster care)

SSN: _____ Education (last grade completed): _____ Marital Status: _____

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

Employment status: _____ Veteran? _____

Emergency contact name and number: _____

Part A: Homelessness/At-Risk Assessment

Where is the candidate currently living? Check the appropriate selection

Homeless	"X"
Outdoors	
Shelter	
Transitional Housing	

At-Risk for Homelessness	"X"
Doubled up/couch-surfing	
Received eviction notice or has substantial arrears in rent/utilities	
Permanent supportive housing that is grant funded (Housing First placements)	
Exiting foster care	
Institution – hospital, nursing home, etc.	
Jail	

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

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

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 disqualifying factor for SOAR

Last substance(s) used: _____ Last known date of use: _____

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?

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, or a history of treatment for conditions
- Inability to work and earn SGA (\$1,350/month in 2022) 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

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.