

Please complete in full and email to: DHHS.HomelessAssistance@nebraska.gov

The Nebraska SOAR Recertification Process provides an opportunity for active SOAR-trained practitioners to obtain an updated Certificate of Completion to verify their involvement with and knowledge of SOAR without having to complete the Nebraska SOAR Course multiple times or on a yearly basis.

**\*All signatures must be a wet signature or digitally certified. Cannot be a text entry.\***

### Applicant Information

Applicant Name:		Email:	
Organization/Agency:		Title/Role:	
Address:		Phone:	
City:	State:	ZIP Code:	

### Recertification Requirements

**If these requirements are not met, the case worker will need to retake the Nebraska SOAR Training Course with the alternate case study or curriculum (i.e., Adult or Child).**

- \_\_\_\_\_ 1. Satisfied any state training or certification requirements, if applicable
- \_\_\_\_\_ 2. Entered SOAR-assisted SSI/SSDI applications into the Nebraska SOAR Tracking Log
- \_\_\_\_\_ 3. Subscribed to the Nebraska SOAR list-serv
- \_\_\_\_\_ 4. Attended a Nebraska SOAR Course Review Session
- \_\_\_\_\_ 5. Attended a Webinar facilitated by the Nebraska SOAR State Lead

**I hereby certify, to the best of my knowledge, that the above requirements have been met and therefore am eligible for Nebraska SOAR Recertification. I understand that these requirements will be verified prior to recertification and that if it is found that they are not met, I will be required to take the Nebraska SOAR Training Course.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Supervisor Approval

_____ Supervisor Name	_____ Supervisor Title
_____ Supervisor Signature	_____ Date

### Nebraska SOAR Purposes Only

Date Received:	Region:	Enrollment Date:
Completion:	NHAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	