

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

Candidate Name:		Date of Referral:
Referring Agency:		
Staff Making Referral:	Phone Number: ext.	

Candidate Identifying Information

Date of Birth:	Gender:	Pronouns:	Race:
NOTE: Must be within 30 days of 18 years of age, or within 180 days if exiting foster care			
SSN:	Last Grade Completed:	Marital Status:	
Emergency Contact:		Phone Number:	
Current Living Arrangement (Address, Shelter Name, Areas of Town):			

Part A: Homeless/At-Risk Assessment

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

Homeless	X	At-Risk for Homelessness	X
Outdoors		Doubles 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.	
		Incarceration	

If homeless, how long has the participant been homeless? _____ Years and _____ Months

Is the candidate currently 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 in the past? ☐ Yes ☐ No

If yes, please describe:

Part B: Current Application for SSA Benefits or Panel Appeal

Has the candidate recently applied for Social Security benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date of application: _____	Was a decision received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a decision was received, what was that status?	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
If denied, did the candidate appeal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are they waiting for a decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they working with a lawyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part C: Diagnosis Information

Please list all mental and physical health diagnoses:		
Where has the participant been treated for these conditions?		
Current medications and prescribing physician/agency:		
Does the participant have a history of substance use? (Prior or current substance use is not a disqualifying factor for SOAR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last substance(s) used:		
Last known date of use:		

Part D: Narrative Questions for SOAR Eligibility

The following questions are to be asked of the candidate. Record the answers below.
1. Can you provide details of why you are looking to apply for Social Security benefits?
If the candidate is currently working:
2. 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?

If the candidate is NOT currently working:

2. When was the last time you were able to work? Why did you leave that position? Can you give details about any times you have tried to work in the past couple of years?

3. Explain 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 any 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 due to medical and/or psychiatric conditions (not because they cannot find work or were laid off); and,
- Impairments in functioning due to medical and/or psychiatric conditions.

SOAR specialists will contact the candidate to follow up on the information provided on this form. A full intake assessment may be required to gather additional supporting evidence to determine if we can assist the participant with a SOAR application.

Referring Case Worker Signature