

DEPT. OF HEALTH AND HUMAN SERVICES

## Department of Health and Human Services Nebraska SOAR Training Enrollment Request



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

The Nebraska SOAR Training Course trains case workers to assist adults (age 18+) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for the Social Security Administration's (SSA) disability programs, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

There is no cost associated with the training course. Completion of the course and *Practice Case* takes an estimated 20 hours. You can work at your own pace, starting and stopping as you wish.

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

## **Applicant Information** Applicant Name: Email: Title/Role: Organization/Agency: Address: Phone: City: State: ZIP Code: Have you provided SOAR service in the past? ☐ Yes □ No If Yes, under which agency? State: Reason for Request: **Applicant Signature** Date Supervisor Approval Supervisor Name Supervisor Title Supervisor Signature Date Nebraska SOAR Purposes Only Date Received: Region: **Enrollment Date:** Completed: NHAP:

☐ Yes

□ No