**Sample Referral Form for SOAR Applicants**

 **Involved in the Legal System**

*Please complete in full and fax to:* at

*Contact Name Fax #*

Candidate Name: Referring Institution:

Staff contact number:

Date of Referral: Staff making referral:

Email Address:

**Candidate Identifying Information:**

Date of birth:

Gender:

Date of Incarceration:

Release Date:

SSN:

Education (last grade completed):

Housing Unit: GP Mental Health Unit Observation Cell Has the candidate ever served in the military? Yes No Unknown

If yes, please note discharge status:

Institutional Detail Assignments:

**Part A: Housing Status (where is the candidate currently living?)**

|  |  |
| --- | --- |
| **Homeless/At Risk for Homelessness** | **Institution** |
| Outdoors | Prison |
| Shelter | Jail |
| Transitional Housing | Forensic Hospital |
| Received eviction notice or has substantial arrears in rent/utilities | Work – Release Center |

If Housing Status is homeless/at risk, how long have they been homeless? Years and Months

If Housing Status is in an institution, are they expected to be released within 30 days? Yes No

What is the potential release date?

Did the candidate experience homelessness BEFORE incarceration? Yes No

If yes, how long was the candidate homeless before incarceration? Years and Months

Has the candidate had difficulty maintaining housing prior to incarceration? Yes No

If yes, please describe:

**Part B: Current Application Status for SSA Benefits**

Was the candidate receiving Social Security benefits before incarceration? Yes No

If yes, date:

Which benefit program did they receive? SSI SSDI Unknown

If no, has the candidate applied for SSI/SSDI in the past? Yes No Unknown

If yes, date:

Are they waiting on a decision? Yes No

If denied, did the candidate appeal? Yes No

If yes, are they working with a lawyer? Yes No

If yes, name of lawyer:

**Part C: Diagnostic Information**

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 of the candidate and record the answers:*

1. Can you tell me why you are interested in applying for Social Security disability 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 few years?

3. [*If candidate is currently working*]: Tell me about your job/jail or prison assignment duties: 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?

4. 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? Do your conditions contribute to behaviors that may result in disciplinary reports or actions from correctional staff?

To assess SOAR eligibility, look 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 ($1,550/month in 2024) due to medical and/or psychiatric conditions (not because they cannot 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.

**SOAR Referral Follow-up**

Candidate Name:

Date referral received:

Date candidate contacted:

*If unable to contact, list dates of contact attempts:*

**Notes from call/meeting with candidate:**

**Next Steps:**

Intake assessment is **NOT appropriate.** Reason: Follow-up resources or referrals provided:

Candidate is eligible for intake assessment and will have:

Active placement. Initial appointment for screening scheduled for:

Waitlist placement. Initial appointment to be scheduled at a later time.

**SOAR Staff Signature Date**

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