**SOAR Quick Assessment and Referral to IPS**

Veterans Name:

Veterans Address:

Veterans Contact Phone number: ( ) -

Veterans Email:

What is the Veteran saying about work? Why does the Veteran want to work now? What type of job?

Is this Veteran interested in gaining more education now to advance their career goals?

Please include some information about the Veteran’s illness (diagnosis, symptoms, etc.). How might the Veteran’s illness (and/or substance use) affect a job or return to school?

What are some of the Veteran’s strengths? (Experience, training, personality, supports, etc.)

What job (type of job, hours, etc.) do you think would be a good match?

On a scale of 1—10, how important is a job to the Veteran?

1 2 3 4 5 6 7 8 9 10 Not at all important Important Extremely Important

Comments:

On a scale of 1—10, how confident is the Veteran that they can be successfully employed?

1 2 3 4 5 6 7 8 9 10 Not at all confident Confident Extremely Confident

Comments:

SOAR Practitioner: Contact Information: