



# SOAR REFERRAL WORKFLOW

## Referrals Process Toolkit

### Abstract

This toolkit will help you to develop a SOAR referral process for your community or agency that helps ensure that potentially eligible individuals are connected with SOAR-trained providers that are available to assist.



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## SOAR Referrals Workflow Packet Product Guide

### SOAR Agency and Community Assessment

The Agency and Community Assessment tool can help SOAR providers determine who is most likely to send referrals, which agencies/departments need SOAR marketing information, and who can assist potential applicants who are not eligible for SOAR services within your agency. We recommend completing these assessments prior to editing your referral process tools.

### SOAR Marketing Tool

SOAR providers can customize this marketing tool to highlight their program criteria, SOAR outcomes, and guidance on making appropriate referrals. Make sure to edit the information in all sections of this infographic to fit with your agency. In the highlights section, feel free to change up the information to market what makes your SOAR program stand out. Creativity is encouraged with this tool!

### Agency SOAR Referral Workflow

This workflow is useful for walking SOAR providers through each step of the referral process. Direct links are provided throughout the workflow to guide users to forms and resources that will be used throughout the referral process.

### Sample Referral Application

The Sample Referral Application is a great tool to use as a template for your own agency's SOAR referral process. Be sure to make appropriate edits; we want this form to fit with your agency's SOAR program.

### Applicant Resource Guide

All good referral systems need a back-up plan! Customize this resource guide to assist potential applicants who are not eligible for SOAR at your agency. Make sure to include contact information for each source provided on this form.

### Referral Tracking Worksheet

The tracking worksheet will help you keep track of the quantity and quality of referrals from agencies throughout your community. Tracking your referrals will help to identify where your best referrals are coming from and which agencies need some guidance on making appropriate referrals.

## SOAR Agency and Community Assessment

In order to create effective SOAR marketing and referral tools, we must have strong foundational knowledge of SOAR in your agency and within the community. This assessment will help guide your intentions as you work through creating a strong referral system. If you do not know the answer to a question, research it! The information collected in this assessment will be used to create a referral system that works where you do.

### Agency Assessment

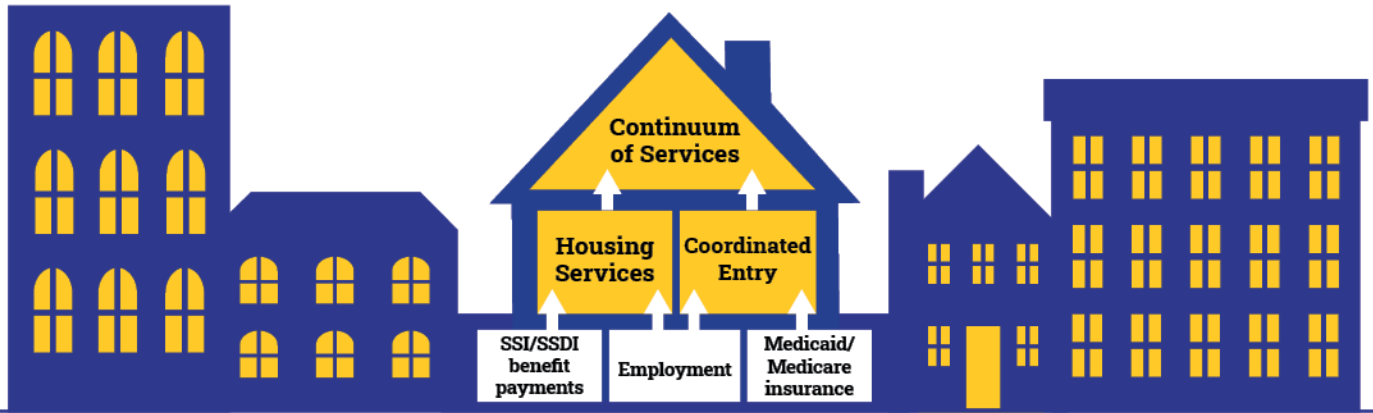
- Who is providing SOAR services in your agency?
- What are the agency criteria to receive SOAR services?
- If more than one case worker in your agency is providing SOAR services, do the eligibility criteria vary between providers?
- How many in-agency referrals do you receive per month?
- Where are your referrals coming from?
- Are there any other teams or case workers who serve SOAR eligible people, but are not making SOAR referrals?
- What happens when you receive a SOAR referral from within your agency and the person does not meet program criteria?
- What strategies and efforts does your agency implement to reduce racial disparities in service delivery?

### Community Assessment

- Do you accept outside referrals?
- What agencies provide SOAR services in your community?
- What agencies refer potential SOAR applicants to you?
- How do you currently receive referrals from other agencies?
- Is SOAR part of coordinated entry in your CoC?
- Are there any agencies that serve likely SOAR-eligible people who are not making referrals?
  - If yes, what agencies?
- What happens when someone is referred for SOAR services from another agency, but is not eligible for your SOAR program?
- What other programs/agencies provide SSI/SSDI assistance?
  - Legal Aid?
  - Law Schools?
  - Advocacy programs?
  - Churches?
  - Other?
- What happens if a SOAR applicant is denied for SSI/SSDI on the initial application?
- What other agencies in your community, particularly those who serve diverse populations, need to know about SOAR?



SOAR State and Agency logos here:



## XYZ COMMUNITY MENTAL HEALTH

### WHAT IS SOAR?

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

### WHO IS ELIGIBLE

SAMPLE LANGUAGE: Eligible referrals must be a veteran or military spouse, have a confirmed medical impairment or mental illness that prevents gainful income, and be experiencing or at risk of homelessness.

**2021**

### PROGRAM HIGHLIGHTS

**50**

assistance to over 50 eligible adults

**\$600,000**

over \$600,000 in back pay and monthly benefits

**42**

42 families were connected with disability benefits

### HOW TO MAKE A REFERRAL

Enter detailed instructions for making a referral here...

## [Your Agency] SOAR Referral Process

Case Workers trained in the [Your Agency] SOAR process are expected to complete the following steps. This process is meant to facilitate SOAR referrals that are appropriately submitted and screened. Fidelity to this process will help to ensure equitable access to SOAR services along with strong outcomes.

### Step One: Receive Referral

- Referring sources should utilize the [SOAR Referral Tool](#) or the [Your Agency] SOAR Referral Form.
- Contact potential applicant to complete the [Identifying SOAR Applicants](#) document.
- If determined to be an appropriate referral, schedule an intake meeting with the applicant.
  - For assistance determining an appropriate referral, please contact your SAMHSA SOAR TA Center Liaison (<https://soarworks.samhsa.gov/state-directory>).

### Step Two: Determine Referral Disposition

- If an appropriate referral:
  - Prioritize and add to waitlist
  - Consider racial disparities when prioritizing your waitlist
- More information needed:
  - Contact referral source for more information
  - Request additional records to verify diagnoses
- If not eligible for [Your Agency] SOAR Program:
  - Follow up with referral for additional options
  - Provide list of SSI/SSDI Resources in your community
  - Refer to vocational rehabilitation or other local programs that may be able to assist with employment and housing

### Step Three: Follow up with Referral Source

- Communicate with referral source on:
  - Quality of referral
  - Program Eligibility
  - Prioritization of Application
  - Additional Documentation needed

### Step Four: Complete the SOAR Application Process

- Using the SOAR Process Workflow for your state, complete the application

### Step Five: Track Your Referrals and Outcomes

- Use the [Your Agency] [SOAR Referral Tracking Worksheet](#) to track your referral
- Enter the outcomes of all your SOAR-assisted applications into the SOAR Online Application Tracking (OAT) system (<https://soartrack.samhsa.gov/>).



### SOAR Referral Application

Please complete in full and fax to: [Contact Name] at [Fax #]

Candidate Name: \_\_\_\_\_ Date of referral: \_\_\_\_\_  
 Referring agency: \_\_\_\_\_ Person making referral: \_\_\_\_\_  
 Staff contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Candidate Identifying Information:

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Race: \_\_\_\_\_  
*(must be within 30 days of 18 years of age, or within 180 days if exiting foster care)*  
 SSN: \_\_\_\_\_ Education (last grade completed): \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Current living arrangement (address, shelter, area of town): \_\_\_\_\_  
 Employment status: \_\_\_\_\_ Veteran? \_\_\_\_\_  
 Emergency contact name and number: \_\_\_\_\_

#### Part A: Homelessness/At-Risk Assessment

Where is the candidate currently living? Check the appropriate selection

Experiencing Homelessness	"X"
Outdoors	
Shelter	
Transitional Housing	

At-Risk for Homelessness	"X"
Doubled up/couch-surfing	
Received eviction notice or has substantial arrears in rent/utilities	
Permanent supportive housing that is grant funded (Housing First placements)	
Exiting foster care	
Institution – hospital, nursing home, etc.	
Jail	

How long has the candidate been experiencing homelessness: \_\_\_\_\_ Years and \_\_\_\_\_ Months  
 Is the candidate 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? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please describe: \_\_\_\_\_

#### Part B: Current Application for SSA Benefits or Pending Appeal

Has the candidate recently applied for Social Security benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, date of application: \_\_\_\_\_ Decision on application: \_\_\_\_\_ Pending \_\_\_\_\_ Denied  
 If denied, did the candidate appeal? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, are they waiting on a decision? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are they working with a lawyer? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Part C: Diagnostic Information

Please 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 to the candidate and record answers*

1. Can you tell me about why you are looking to apply for Social Security 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 couple of years?  
*(If candidate is currently working):* Tell me about your job: 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?
3. 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?

### 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<sup>1</sup> 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 to determine if we can assist the candidate with a SOAR application.***

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<sup>1 1</sup> See <https://soarworks.samhsa.gov/article/ssa-annual-updates> for current SGA amount.





## 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**

## Applicant Resource Guide

This guide is meant to provide additional community resources for applicants who are not eligible for SOAR services at [Add Your Agency Name Here].

### Low- or No-Cost Legal Representatives

- Update all of the following information with local resources:
  - Legal Aid Clinic
    - Phone:
    - Email:
  - Local University Law Program
    - Phone:
    - Email:
  - Pro-Bono Attorneys
    - Phone:
    - Email:
  - Local Bar Association
    - Phone:
    - Email:

### Vocational Rehabilitation and Work Centers

- Vocational Rehabilitation Program
  - Phone:
  - Email:
- Employment Center
  - Phone:
  - Email:

### Other Community Programs

- Department of Human Services
  - Contact information
- Community Mental Health
  - Contact information

### Other Attorneys

- Name of Firm
  - Contact Information

### Local SSA Office

- Contact information

## Referral Tracking Spreadsheet

This Referral Tracking Spreadsheet can be used to track the content, quality, and outcomes of your referrals. Feel free to customize the data elements that you track. “Pick-lists” are provided for some of the fields in order to provide consistency in tracking and the ability to sort your data. Screenshots of a sample complete spreadsheet are provided below. Key sections include Referral Source Information, Applicant Information, and Outcome of the Referral.

Download the spreadsheet from this page: <https://soarworks.samhsa.gov/article/soar-referral-process-workflow-toolkit>

Referral Source Information							
Referring Agency	Referring Caseworker Name	Referring Email	Referring Phone	Date of Referral	Date of Follow-Up	Referral Disposition	Reason for Disposition
Agency 1	Caseworker 1	<a href="mailto:test@email.com">test@email.com</a>	555-444-3333	1/23/2020	1/24/2020	Not accepted	No severe impairment
Agency 1	Caseworker 1	<a href="mailto:test@email.com">test@email.com</a>	555-444-3333	1/24/2020	1/25/2020	Waitlist placement	Lack of evidence/documentation
Agency 1	Caseworker 2	<a href="mailto:test@email.com">test@email.com</a>	555-444-3456	1/24/2020	1/25/2020	Active placement	Meets program criteria
Agency 2	Caseworker 3	<a href="mailto:test@email.com">test@email.com</a>	555-444-3423	1/25/2020	1/26/2020	Priority placement	Meets program criteria
Agency 3	Caseworker 4	<a href="mailto:test@email.com">test@email.com</a>	555-444-3440	1/26/2020	1/27/2020	Priority placement	Meets program criteria
Agency 1	Caseworker 4	<a href="mailto:test@email.com">test@email.com</a>	555-444-3440	2/1/2020	2/2/2020	Active placement	Meets program criteria
Agency 3	Caseworker 5	<a href="mailto:test@email.com">test@email.com</a>	555-444-3443	2/4/2020	2/5/2020	Active placement	Meets program criteria
Agency 1	Caseworker 1	<a href="mailto:test@email.com">test@email.com</a>	555-444-3333	2/5/2020	2/6/2020	Active placement	Meets program criteria
Agency 1	Caseworker 1	<a href="mailto:test@email.com">test@email.com</a>	555-444-3333	2/10/2020	2/11/2020	Not accepted	Not at-risk of homelessness

Applicant Information							
Applicant Name	Age	Gender	Race/Ethnicity	Diagnosis/Conditions	Co-Occurring Disorders	Treatment at Time of Referral	Work Activity
John Smith	34	Male	White	Depression	Current use	No recent treatment	Current
John Doe	45	Male	White	Schizophrenia, OUD	Recent use	Recent (within last 90 days)	Past
John Jones	56	Male	Black	PTSD, Asthma	Past use	Past (within the past year)	Past
Jane Smith	23	Non-binary	White	Anxiety, Back Pain, SUD	In Treatment	Current	Current
Jane Doe	40	Female	Black	Depression, Learning Disability	None	Current	None
Jane Jones	45	Female	Latinx	Schizophrenia	Past use	Past (within the past year)	Past
Mary Smith	43	Female	Black	PTSD, TBI	Past use	Recent (within last 90 days)	None
Mary Jones	54	Female	Black	Anxiety, Lupus, SUD	Current use	No recent treatment	Current
Mary Doe	61	Female	American Indian	Schizophrenia	None	Recent (within last 90 days)	Current

Outcome of the Referral							
Quality of Referral	Date of Intake Assessment	Date SSI/SSDI App Submitted	App Not Submitted	Date of Decision	Outcome of Decision	OAT ApID	Additional Notes
Missing Information	N/A	N/A	N/A	N/A	N/A	N/A	Referred to VR
Complete Information	2/15/2020	3/15/2020	N/A	4/15/2020	Approved	er34er3456	
Required multiple follow-ups	1/26/2020	2/26/2020	N/A	3/26/2020	Denied	er34er3459	
Complete Information	1/27/2020	2/27/2020	N/A	3/27/2020	Approved	er34er3457	
Complete Information	1/28/2020	N/A	Incarceration	N/A	N/A	N/A	Will do pre-release app
Complete Information	2/3/2020	3/3/2020	N/A	4/3/2020	Approved	er34er3445	
Required multiple follow-ups	2/6/2020	3/6/2020	N/A	4/6/2020	Approved	er34er3422	
Missing Information	2/7/2020	3/7/2020	N/A	4/7/2020	Approved	er34er3222	
Complete Information	N/A	N/A	N/A	N/A	N/A	N/A	Referred to Legal Aid

Pick-lists available for certain data elements:

Referral Disposition	Reason for Disposition	Co-Occurring Disorders	Treatment at Time of Referral	Work Activity	Quality of Referral	App Not Submitted
Not accepted	Meets program criteria	Current use	Current	Current	Complete Information	Incarceration
Waitlist placement	No severe impairment	Recent use	Recent (within last 90 days)	Past	Missing Information	Lost Contact
Active placement	Lack of evidence/documentation	Past use	Past (within the past year)	None	Required multiple follow-ups	Lack of information
Priority placement	Not at-risk of homelessness	In Treatment	No recent treatment			Other
	Current appeal pending	None				
	Other					