



SOAR Referral Instructions

It is important when making a SOAR referral that the referral is **complete** so that SOAR can accurately assess an individual's eligibility. Incomplete referrals will be sent back to the referral source for completion.

1. SOAR Referral Form

- Complete all demographic and contact information
- Section E: Include location and length of treatment where indicated
- Make sure the referral information at the bottom is completed. We will follow up once the referral has been received.

2. Self Declaration of Income

- Required to verify client's current income source

3. Release for Your Way Home

- This will serve as a blanket release to communicate with you, the referral provider, regarding the client. (If you have an agency release you would like to use, you may also submit that in addition to the YWH release).

4. Data Release Form

- This serves as a release for SOAR staff to enter information into Your Way Home's secured Clarity HMIS Data System. This includes documentation of application status.

5. SSA-1696 Form

- This is required for us to communicate with SSA regarding your referral
- There is a template sample attached, in addition to a blank form, indicating where to have the client fill in their name, SSN, and where to sign.
- **Please do not mark "X"s next to where the client needs to fill in their information.** This will void the form at the SSA office. We will require a new one if the form is marked up.

Please Note: Inpatient psychiatric facilities, mental health providers, hospitals, or ANY place that provides MH or medical services- must also include the following:

- A medical release from your facility
- All medical records-including progress/therapy notes, diagnoses, psychiatric evaluations and any other relevant documentation for the client for the duration of their stay (s) at your facility

We kindly ask that you do not give the referral forms to clients directly, referrals MUST come from a referral provider.

Completed referrals can be sent to Rebekah Jentes, SOAR Benefits Specialist via e-mail or fax. If you fax the referral, please send an e-mail to confirm it has been received.

Email: SOAR@vnacs.org

Fax: 215-754-0974