

# St Clair County Community Mental Health

## SOAR REFERRAL

Please complete in full and email to: [SOAR@scccmh.org](mailto:SOAR@scccmh.org)

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

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

If homeless, how long has the candidate been homeless: \_\_\_\_\_ 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:

---

Referring Case Manager/Clinician

---

Date

\*\*\*\*\*SOAR STAFF ONLY BELOW THIS LINE\*\*\*\*\*

### 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?

## SCCCMH SOAR Referral Follow-up

### Candidate Name:

Date Referral Received:

Date candidate contacted:

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

### Next Steps:

Intake assessment is **NOT appropriate**.

Reason:

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.

### Notes:

---

**SOAR Staff Signature**

---

**Print Name**

---

**Date**