



SOAR REFERRAL FORM

Please upload completed referrals and any accompanying documents to <https://rihomeless.app.box.com/f/c7fb71a60a204f0bb6d7c6ea1bf9aca2>

or fax to (401) 400-7527

Date of Referral: _____

Client Name: _____

Referring Agency: _____

Client DOB: _____

Referring Staff: _____

Client Pronouns: _____

Staff contact number: _____

Client contact number: _____

Email Address: _____

Client HMIS# _____ *If applicable

Referral Checklist

- Completed Referral Form
- Signed releases between the referring provider and SOAR/RICEH
- Signed releases for providers listed on the referral form and other providers with recent medical records
- Signed SSA-827
- Medical records from the referring provider if applicable

Eligibility

- Meets HUD definition of Category 1 homelessness (*In shelter, sleeping in a place not meant for habitation*). Including individuals who are now in RRH or PSH programs.
- OR Transition Age Youth (age 18-24) experiencing homelessness
- OR Fleeing or attempting to flee domestic violence
- Has a condition that has lasted or will last at least 12 months that directly prevents them from working at any job
- Not currently working
- Does not currently have a pending Social Security claim

Has the client applied for SSI/SSDI before?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Yes, was approved but lost benefits | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, was denied | <input type="checkbox"/> Unknown |

Diagnosis

Please list all physical and mental health diagnoses

Description of impairment

Please describe specific ways that the candidate's conditions make it difficult to work or function. This might include issues with cognitive function, interacting with others, difficulty managing activities of daily living, etc

Prioritization

While none of these elements are required for referral, we will prioritize candidates who are most likely to benefit from SOAR services and the most vulnerable. **Check ANY that apply.**

Length of time experiencing homelessness: _____

- Stays Outside or in a place not meant for human habitation
- Diagnosed with a terminal condition
- Diagnosed with a condition eligible for presumptive disability or compassionate allowance (leave blank if you are unsure, the SOAR team will check this)
- Symptoms of psychosis (independent of substance use)
- Age 55+
- Previously received social security benefits and lost them
- Has recent and compelling medical documentation of condition. This includes at least one of the following (check all that apply):
 - The candidate currently sees a doctor for their condition(s) who is supportive of their disability claim. **Please provide a signed release.**

Contact information for the provider: _____

- The candidate has been hospitalized recently within the last (30) days for their condition(s) (do not include hospitalizations for substance use). **Please provide a signed release.**

List Hospital(s): _____

Has very frequent hospitalizations for condition(s) (not including hospitalizations for substance use) **Please provide a signed release.**

List Hospital(s): _____

The candidate has recent testing related to their condition that demonstrates the severity (such as neuropsychological testing). **Please provide a signed release.**

Contact information for the provider: _____

Does the client have a history of substance use disorder and/or current substance use?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Yes, current substance use | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, past substance use | <input type="checkbox"/> Unknown |

If the candidate has a history of substance use disorder

The candidate has, at some point, maintained a period of sobriety during which they received treatment for their condition and their condition remained severe enough to prevent them from working (this might include an inpatient hospitalization). **Please provide a signed release.**

Contact information for the provider: _____

Employment/Education History

Education Level (highest grade completed) _____

Last Date of Employment _____

Please give a brief description of previous employment (if any). Include types of jobs held, reasons for leaving jobs, average length of employment.

Please check all that apply:

- Currently lives/sleeps/stays in Providence Was living/sleeping/staying in Providence but relocated due to the availability of a shelter bed elsewhere. Receives services at an agency in Providence, where? The last permanent address is in Providence

ADDITIONAL COMMENTS: