

SOAR Youth Referral Form

Please upload completed referrals and any accompanying documents to <https://www.rhomeless.org/soar-portal> or fax to (401) 400-7527

Child's Name: _____ Date of referral: _____

Referring agency: _____ Referring staff: _____

Staff contact number: _____ Referral email address: _____

Child's Identifying Information:

Date of birth: _____ SSN: _____ Medicaid/Medical Insurance Number: _____

Gender: _____ Pronouns: _____ Race: _____ Language(s) spoken: _____

Education (last grade completed): _____ Current school: _____

Parent/Legal Guardian contact name and number: _____

Part A: Address and Living Arrangement

Address (street address, city, state, zip code, county): _____

With whom is the child living? *Check the appropriate selection*

With parent(s)	<input type="checkbox"/>
With a relative who is not the child's parent	<input type="checkbox"/>
With a guardian or foster parent	<input type="checkbox"/>

With friends or other unrelated persons	<input type="checkbox"/>
Unaccompanied (by themselves)	<input type="checkbox"/>

Where is the child currently living? *Check the appropriate selection*

Homeless	
Outdoors	<input type="checkbox"/>
Shelter	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>
If homeless, how long has the Child been homeless?	
Years and Months	

At-Risk for Homelessness	
Doubled up/couch-surfing	<input type="checkbox"/>
Received eviction notice or has substantial arrears in rent/utilities	<input type="checkbox"/>
Permanent supportive housing that is grant funded (Housing First placements)	<input type="checkbox"/>
Currently in or exiting foster care	<input type="checkbox"/>
Hospital/Residential Treatment/Group Home	<input type="checkbox"/>
Juvenile detention facility	<input type="checkbox"/>

If in a hospital, treatment, or juvenile detention facility are they expected to be released within 30 days? Yes No

Were they experiencing homelessness before entering the facility? Yes No

Part B: Current or Past Applications for SSI

Has the child previously applied for Supplemental Security Income (SSI)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date:
What was the decision on the application?		
<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved

Is the child working with a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the child appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they waiting on a decision? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they working with a lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child previously received SSI, please list the dates: Why is the child no longer receiving SSI?
---	---	---

Part C: Income and Resources

Is the child working and earning over SGA ¹ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many children live in the household?	
How many parents (including stepparents) live in the household?	
Please list all sources of income for the family and the amounts from each source:	
Using the chart in Section F, does the family's estimated monthly income fall within the eligibility guidelines for SSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part D: Diagnostic Information

Please list all mental and physical health diagnoses or conditions (include emotional or learning difficulties, even if not formally diagnosed):	
Where has the child been treated for these conditions, e.g.) clinic, hospital, pediatrician, specialist, child partial hospital program, day treatment, afterschool program, juvenile detention?	
Current medications and prescribing physician/specialist:	
Does the child have an Individualized Education Program (IEP) or are they receiving special education services at school? If yes, what are the special education needs identified (if known)?	
Does the child have a history of substance use or addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the child received treatment for substance use or addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the type of program (s), e.g.) residential program, outpatient, intensive outpatient, day treatment/partial hospitalization, inpatient, medication-assisted: <i>Prior or current substance use is not a disqualifying factor for SSI or assistance from a SOAR provider</i>	
Last substance(s) used:	Last known date of use:

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

Part E: Narrative questions for SOAR eligibility

Ask these questions to the candidate and record the answers

What limitations does the child have in completing daily activities? Does the child struggle with learning new information, completing tasks, caring for themselves, or being around others? Does the child need extra help at home, school, or community? Does the child require more support than other children of the same age who do not have impairments?

Section F: Income Chart, Summary, and Next Steps

Income Deeming for Children

If a child is under age 18, not married, and lives at home with parent(s) who do not receive SSI benefits, SSA may consider a portion of the parent's income and resources as if they were available to the child. They may also count a portion of a stepparent's income and resources if the child lives with both a parent **and** a stepparent (or an adoptive parent **and** a stepparent). This also occurs when a child is temporarily away at school, returns home during weekends, holidays or during the summer, and remains subject to parental control. SSA calls this process "deeming."

SSA makes deductions from deemed income for parents and other children living in the home. After subtracting these deductions, SSA uses the remaining amount to decide if the child meets the monthly benefit's SSI income and resource requirements.

Deeming Eligibility Chart for Children for 2022

The chart below gives the highest amount of gross monthly income for this year (before taxes are withheld) that a parent(s) can earn or receive and still have a child qualify for SSI. Note that SSA does not count some types of income that a parent may receive, such as money for providing foster care to an ineligible child.

Gross monthly income BELOW the dollar amounts shown means a disabled child may be eligible for SSI benefits.				
Amounts given are general guidelines only.				
Number of ineligible children in household	All income is earned		All income is unearned	
	One parent in household	Two parents in household	One parent in household	Two parents in household
0	\$3,489	\$4,329	\$1,722	\$2,142
1	\$3,909	\$4,749	\$2,142	\$2,562
2	\$4,329	\$5,169	\$2,562	\$2,982
3	\$4,749	\$5,589	\$2,982	\$3,402
4	\$5,169	\$6,009	\$3,402	\$3,822
5	\$5,589	\$6,429	\$3,822	\$4,242
6	\$6,009	\$6,849	\$4,242	\$ 4,662

Summary and Next Steps

To assess SOAR eligibility for children (ages 0-17) we are looking for basic information on:

- The presence of medical and/or psychiatric conditions or symptoms (including emotional and learning problems) that would fit an SSA listing
- How the conditions have lasted or are expected to last at least 12 months, or end in death
- How the conditions limit the child's ability to function in the home, school and community, as compared to children of the same age who do not have impairments
- How the child and/or parent/guardian fits the income and resource requirements for SSI eligibility

SOAR specialists will contact the child and/or parent/guardian 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 utilize SOAR to assist the child with an SSI application.

SOAR Referral Follow-up

Child's Name:

Date Referral Received:

If unable to contact, list dates of contact attempts:

Date child or parent/guardian contacted:

Notes from call/meeting with child and/or parent/guardian:

Next Steps:

Intake assessment is **NOT appropriate**.

Reason:

Follow-up resources or referrals provided:

Child 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