SOAR Referral

Please upload completed referrals and any accompanying documents to
https://www.rihomeless.org/soar-portal or fax to 401-288-3626

Date of Referral: _____
Client Name: _____
Date of Birth: _____
Pronouns: _____
Client contact #: _____

Referring Agency: _____
Person making referral: _____
Referring provider email: _____
Referring provider phone: _____

Referral Checklist

- ❑ Completed Referral Form
- ❑ Signed ROIs between referring provider and SOAR providers:RICEH, Amos House,Sojourner House
- ❑ 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

Select at least one of the following:

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

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

SOAR Referral

Prioritization

While none of these elements are a requirement for referral, we will prioritize candidates that are most likely to benefit from SOAR services and who are 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.
    Contact information for provider:_____
  - ❑ The candidate has been hospitalized recently within the last (30) days for their condition(s) (do not include hospitalizations for substance use).
    List Hospital(s):_____
  - ❑ Has very frequent hospitalizations for condition(s) (not including hospitalizations for substance use)
    List Hospital(s):_____
  - ❑ The candidate has recent testing related to their condition that demonstrates the severity (such as neuropsychological testing).
    Contact information for provider:_____

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).

  List provider(s):_____

Use this space to describe any compelling extenuating circumstance related to why this client is a good candidate for SOAR that might not be reflected in the check boxes above. *This might include a level of impairment severe enough that meeting this person briefly would make it clear that they could not work, or other factors relating to impairment, need, or vulnerability.*

SOAR Referral

Additional information

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.

Has candidate applied for SSI/SSDI before?

- ❑ Yes, was approved but lost benefits
- ❑ No
- ❑ Yes, was denied
- ❑ Unknown

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

- ❑ Yes, current substance use
- ❑ No
- ❑ Yes, past substance use
- ❑ Unknown

Additional comments: