



SSI/SSDI Outreach, Access, and Recovery (SOAR) Referral Form

SOAR Qualifying Criteria

Qualifying adult applicant must meet the following criteria:

- Applicant must be between 18 to 65 years of age
- Applicant must be either **literally homeless**: lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation; OR will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and also lacks support networks or resources needed to obtain housing; OR
- Applicant is **imminently at-risk of becoming homeless**, has an annual income below 30 percent of median family income for the area, as determined by HUD, AND does not have sufficient resources or support networks, immediately available to prevent them from moving to an emergency shelter or place not meant for habitation, AND exhibits one or more risk factors of homelessness, including recent housing instability or exiting a publicly funded institution or system of care such as foster care or a mental health facility, OR
- **Doubled up, facing eviction or foreclosure**, a person who stays with a succession of friends or relatives and has no permanent living arrangement on the first day of the month
- Applicant must have a medically documented serious mental or physical impairment(s), and/or a co-occurring substance use disorder AND the impairment has lasted or is expected to last for a continuous period of at least 12 months or is expected to result in death
- Applicant's illness/condition must be found in the list of SSA medical conditions (Blue Book) <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>
- Applicant's illness/condition must result in impairments of functioning abilities
- Applicant's impairments/condition must affect their ability to work
- Applicant is unable to engage in sustainable gainful work activity (SGA). (Earnings of less than \$1,470/month in 2023)
- Applicant cannot be confined to an institution (such as a hospital or prison) at the government's expense
- If entitled, applicant must apply for any other cash benefits or payments for which he or she may be eligible, (for example, pensions, VA benefits, etc.)



SSI/SSDI Outreach, Access, and Recovery (SOAR) Referral Form

Please Print

Date _____

Referring Agency _____

Contact Person _____

Phone # _____ Email _____

Client's Information

Name: _____ HMIS # _____ VI-SPDAT score _____
 First Middle Last

Homeless Status: Unsheltered homeless In a nighttime shelter (Name of shelter _____)
 At risk of becoming homelessness Transitional Housing
 Doubled up Facing eviction or foreclosure

Current Address (If Applicable) _____
 Street City State Zip Code

Phone # _____ DOB: _____ SSN _____

Age: _____ Race: _____ Hispanic or Non-Hispanic (circle one) Email: _____

Diagnosed Disability: _____

Is the applicant currently employed? YES or NO Where? _____

Does applicant currently have an SSI/SSDI application pending? YES or NO Date filed: _____

Needed Documents

Initial documents needed at intake (original or copies of):

- Picture ID
- Social Security Card
- Birth Certificate
- VI-SPDAT (If applicable)