

# Rhode Island SOAR Referral for Individuals Experiencing Chronic Homelessness

Information provided in this referral will be used to identify and prioritize potential clients for SOAR services based on eligibility, vulnerability, and other criteria, but it is important to note that SOAR DOES NOT MAINTAIN A WAITLIST AND COMPLETION OF THIS FORM DOES NOT GUARANTEE ACCESS TO SOAR SERVICES. Capacity for SOAR services in Rhode Island is extremely limited at this time. It is difficult to determine when and if a SOAR provider will be able to work with any particular client, and we do not encourage anyone to wait for a SOAR provider if they already planned to apply on their own.

This referral form is intended specifically for high acuity individuals experiencing chronic homelessness. If a candidate does not meet the criteria for chronic homelessness, please check with your agency to see if anyone in your organization is trained in SOAR and might be able to assist with an application. SOAR always welcomes new trainees - the SOAR Online Course is free and available to employees, interns, and volunteers.

Please upload the referral form and signed SOAR [Release of Information](#) as attachments in HMIS and email [lindsay@rihomeless](mailto:lindsay@rihomeless.org) with client's HMIS number to to notify.

If you have any questions please call the SOAR State Lead, Lindsay Cutler at (401)603-8435 or email at [lindsay@rihomeless.org](mailto:lindsay@rihomeless.org).

\*The information provided in this form is confidential and will not be used for any purpose other than referral for SOAR services and assistance with SSI/SSDI claims.

## SOAR Referral

Date:

\*Required

1. Candidate HMIS Number \*

---

2. Person making referral \*

---

3. Referring Agency \*

---

4. Staff phone number \*

---

5. Staff email \*

---

## Candidate prioritization information

---

6. Age \*

---

**7. VI-SPDAT Score \***

---

**8. Full SPDAT Score if available**

---

**9. Length of time homeless \***

---

**10. Sleeping outside? \***

Yes

No

Sometimes

Other: 

---

**11. How many times has the candidate accessed emergency services in the past 6 months? \***

---

**12. Has the candidate been diagnosed with a terminal illness? \***

Yes

No

Unknown

**13. Has candidate applied for SSI/SSDI before? \***

Yes, and was denied

Yes, but lost benefits

No

Unknown

**14. If the candidate has previously been denied for SSI/SSDI, please indicate how many times they have applied and reason(s) for denial if known**

**15. Please give a brief summary of the candidates' circumstances and describe any additional factors related to vulnerability and/or need for SSI/SSDI benefits and SOAR \***

## Key eligibility criteria

16. \*

*Check all that apply.*

- ☐ 1. Candidate is on the Coordinated Entry System Prioritization list and meets criteria for chronic homelessness
- ☐ 2. Candidate has a serious mental illness or exhibits symptoms and/or has serious physical illnesses that affect his/her ability to work at a substantial gainful level (\$1220/month in 2019)
- ☐ 3. The illness(es) or condition(s) have lasted or are expected to last for at least 12 months (or result in death)
- ☐ 4. Individual is currently exhibiting symptoms of mental illness or physical illness or has periods with worsening of symptoms that prevents sustainable employment.
- ☐ 5. Candidate has obtainable medical evidence (for at least part of the past 12 months) that corroborates mental illness and medical symptoms/diagnoses.
- ☐ OR 6. If there is no obtainable medical evidence, candidate clearly exhibits symptoms severe enough that a one-time examination by a physician would demonstrate issues.

**17. If any of the above criteria are not met, please explain extenuating circumstances:**

**18. For candidates with mental illness, candidate must have marked\* restrictions in at least 2 of these functional areas, or extreme\*\* limitations in one functional area:**

*Check all that apply.*

	Marked	Extreme
Understand, remember, or apply information (memory, following instructions, solving problems, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Interact with others (getting along with others, anger, avoidance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Concentrate, persist, or maintain pace (as they relate to the ability to complete tasks)	<input type="checkbox"/>	<input type="checkbox"/>
Adapt or manage oneself (hygiene, responding to change, setting realistic goals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**\*Marked Impairment:**

“Marked” is defined as more than moderate but less than extreme.

A marked limitation may arise when several activities or functions are impaired, or even when only one is impaired, as long as the degree of limitation is such as to interfere seriously with the applicant's ability to function independently, appropriately, effectively, and on a sustained basis.

**\*\*Extreme Impairment**

An applicant has an extreme impairment if the applicant is not able to function in that area independently, appropriately, effectively, and on a sustained basis.

Extreme limitation does not necessarily mean a total loss or lack of functioning. An example of this is someone who requires substantial in-home health supports in order to complete basic activities such as bathing, eating, and dressing

## Conditions

**19. Please list all mental and physical health diagnoses \***

**20. Mental Health Symptoms***Check all that apply.*

- ☐ Psychotic Symptoms
- ☐ Depressive Symptoms (decreased energy, lack of motivation, suicide attempts)
- ☐ Manic Symptoms (racing thoughts, disorganized thoughts)
- ☐ Anxious feelings (paranoia, nervousness)
- ☐ Cognitive deficits (brain injury, problems with concentration, memory, etc.)
- ☐ History of trauma (history of abuse, posttraumatic stress disorder, etc.)
- ☐ Other: \_\_\_\_\_

**21. Physical Symptoms***Check all that apply.*

- ☐ Fatigue
- ☐ Exertational limitations
- ☐ Difficulty walking
- ☐ Difficulty standing
- ☐ Difficulty sitting
- ☐ Difficulty reaching
- ☐ Difficulty grasping
- ☐ Difficulty lifting/carrying heavy objects
- ☐ Blindness or very low vision
- ☐ Other: \_\_\_\_\_

**22. Does the candidate have a history of substance use?**

Yes

No

Unknown

**23. If yes, is the candidate currently using substances? Are there documented periods of time when the candidate abstained from substance use and continued to experience symptoms? Include non-detox related hospitalizations and incarcerations:**

## Vocational Information

24. **Education level (last grade completed)**

---

25. **Last date of employment**

---

26. **Type(s) of previous employment**

---

27. *Check all that apply.*

Candidate is not working due to medical and/or psychiatric conditions (i.e. not because he/she cannot find work or was laid off)

History of failed work attempts (started and stopped employment due to diagnosed conditions)

Long work history, but can no longer work due to conditions

Scattered work history due to conditions and other factors

---