SOAR SCREENING TOOL

To be completed by referral source not client

*This Screening Tool includes the 4 key eligibility criteria for SSI/SSDI approval. Please use it as a guide to identify if a client is likely to be approved by the Social Security Administration before completing the SOAR Referral Application. **The responses to Criteria "A" and "B" must be substantiated in the client's medical records.***

NOTE: To submit a SOAR Disability Referral Application an individual must be:

1. *Homeless (have no regular, habitable, nighttime residence), or at risk of homelessness (experiencing housing instability or do not have enough resources to prevent homelessness).*
    AND
2. *Meet the disability eligibility criteria below.*

CRITERIA (A): CHRONIC PHYSICAL ILLNESS

For eligibility based on "physical illness" _both boxes_ below must be checked.

☐ Diagnosed medical condition that has existed for more than one year and is expected to last for at least 12months or result in death.

☐ Currently receiving treatment from a physician or medical facility and has obtainable medical records that collaborate diagnoses and symptoms.

CRITERIA (B): SERIOUS MENTAL ILLNESS

For eligibility based on "serious mental illness" _all 3 boxes_ below must be checked.

☐ Diagnosed mental illness that has lasted or is expected to last for more than 12 months e.g., psychosis, depression, mania, anxiety, paranoia, history of trauma, social impairment.

☐ Periods of worsening symptoms that significantly impact daily functioning despite taking prescribed medications.

☐ Symptoms of mental illness that are not specifically related to substance use.

CRITERIA (C): COGNITIVE/FUNCTIONAL DEFICITS

For disability eligibility, the client must demonstrate _at least one_ Cognitive/Functional Deficit. Please check ALL that apply.

☐ Difficulty remembering   ☐ Unable to follow directions

☐ Problems with focus and concentration   ☐ Difficulty getting along with others

☐ Difficulty caring for oneself   ☐ Difficulty processing or applying information

☐ Difficulty making decisions and setting realistic goals

☐ Difficulty keeping up or maintaining pace when complete tasks

☐ Problems staying on tasks or completing assignments

CRITERIA (D): INABILITY TO WORK

For disability eligibility, the client must demonstrate the "inability to work" by having _at least one_ box below checked. Please check ALL that apply.

☐ Unable to work due to serous physical or mental illness.

☐ Scattered work history because of failed work attempts due to diagnosed conditions or difficulty with symptom management.

☐ Has a work history but can no longer work at the level needed to earn $1,550/ month due to presenting symptoms or treatment side effects.

SOAR Disability Eligibility Checklist: (check all boxes that are true)

☐   The client is homeless or at risk of homelessness
☐   The client meets the criteria for (A) Physical Illness and/or (B) Serious Mental Illness
☐   The client meets the criteria for (C) Cognitive/Functional Deficit
☐   The client meets the criteria for (D) Inability to Work

For the client to meet the disability eligibility criteria for SOAR, ALL 4 boxes above must be checked. If this is true, please complete the SOAR Referral Application.