



2231 Conowingo Road Suite A
Bel Air, MD 21015
P: 410.803.8726
F: 410.803.8732
www.harfordmentalhealth.org

SOAR Referral

Client's Name: _____ DOB: _____

Required for SOAR:

- At least 18 years old and experiencing homelessness (street, shelter, transitional housing, doubling up) or risk of homelessness (housed with little income or resources)
- Has seen a psychiatrist or psychologist within the past 3 months for a severe mental illness.
- Shows impairments most of the time in at least 2 areas:
 - Understand, remember, or apply information (memory, following instructions, solving problems)
 - Interact with others (getting along with others, anger, avoidance)
 - Concentrate, persist, or maintain pace (as they relate to the ability to complete tasks)
 - Adapt or manage oneself (hygiene, responding to change, setting realistic goals)

Additional Information:

If client consents to a SOAR Specialist contacting them, the best way to reach the client is:

Please list all mental and physical health diagnoses:

Presenting psychiatric symptoms:

Describe details of current housing situation:

Does the candidate have a history of substance use? _____ Yes _____ No

Current medications and prescribing physician/agency:



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Referring Staff Member: _____

Referring Staff Member's Phone and/or E-mail: _____

Client's Phone Number _____

Narrative Questions for SOAR Eligibility

1. Can you tell me about why you are looking to apply for Social Security benefits?

2. When was the last time you were able to work? Why did you leave that position? Can you tell me about any times you have tried to work in the past couple of years? (If candidate is currently working): Tell me about your job: How many hours per week do you work? How much do you earn each month? Is there anything you struggle with while on the job or find difficult about your work?

3. Tell me about any ways that your conditions make things difficult for you on a daily basis: Do you notice any difficulties with day-to-day activities? Do you have trouble getting along with others or feeling like you want to avoid people? Have you noticed any changes in your memory?

The SOAR Team will contact the candidate 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 assist the candidate with a SOAR application. Please note, due to demand, it may take 2-3 weeks for a response.

**Return by Fax to 410-803-8732, Attn SOAR Specialist or e-mail
TKelly@harfordmentalhealth.org**