



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

SOAR Referral

SOAR referral should only be completed by case manager or behavioral health provider

Client's Name: _____

DOB: _____

Social Security Number _____

Required for SOAR- Please check all boxes that apply:

- 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 mental health professional 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:

Please list all mental health symptoms:

Describe details of current housing situation:



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

Has the candidate submitted any SSI or SSDI claims in the last 12 months? _____ Yes _____ No

If so, when was the claim submitted? (does not have to be exact date) _____

Referring Staff Member: _____

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

Narrative Questions for SOAR Eligibility

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1. Can you tell me why your consumer is looking to apply for Social Security benefits?
2. When was the last time the consumer was able to work? Why did they leave that position?
What do they struggle with while on the job or find difficult about their work?
3. Tell me about how the consumer's mental health symptoms make things difficult for them on a daily basis. Do they notice any difficulties with day-to-day activities?

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
Dshine@harfordmentalhealth.org**