Homeless Verification Form

In completing The Servant Center's Disability Assistance Referral form, you identified your client/patient as someone who is currently experiencing homelessness or is at risk for homelessness. In order to process your referral through our SOAR program, we require you also complete this form.

Please describe the client's current situation by selecting the applicable box on the chart below:

Emergency Shelter	Fleeing Life-Threatening Situation	HOME Program	Transitional Housing Program
Section 8 Voucher	Shelter Plus Care Program	Rapid Re-Housing Program	Facing Eviction within 14 days
Sleeping in car, park, abandoned building, bus/train station, airport, camping ground, street/bridge (please specify/describe)			
Couch surfing	Hotel/motel paid for by charitable organization	Other- please describe:	

Please complete the following section regarding eligibility criteria for SOAR and SSA disability benefits:

	Client/patient 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 up to SGA ($1,180/month in 2018) due to conditions ◯ Scattered work history due to medical conditions and other factors
	The illness(es) or condition(s) have lasted or are expected to last for at least 12 months (or result in death)
	Client/patient is currently exhibiting symptoms of mental illness or has periods with worsening of symptoms that prevents sustainable employment. For example: ◯ Psychotic Symptoms (positive or negative) ◯ 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:
	Client/patient is prescribed psychiatric medications and continues to experience symptoms and functional impairments while consistently taking medication as prescribed.

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