

SOAR Applicant Tracking

Instructions:

Please fill out your agency name, your name, and the questions below about completed SOAR applications. If you have more than one person, please complete a form for each individual. Please answer all the questions as this information will be tracked in a national database for Washington State SOAR.

Agency Name:

SOAR Advocate Name:

SOAR applicant information:

1. First two letters of first name:
2. Year of Birth:
3. First two letters of last name:
4. Last four digits of SSN:
5. Gender:
6. Current living situation:
7. Length of time homeless:
8. Receiving state disability or TANF:
9. Protective filing date:
10. Consultative Evaluation (CE) performed:

Decision:

1. Date of decision:
2. Approved- SSI SSDI Both
3. Denied- If *denied*, did you appeal? YES NO
4. If *approved*:
 - a. Monthly amount awarded:
 - b. Total amount back-payment received:
 - c. Reimbursed medical expenses:
 - d. Reimbursed ABD:
 - e. Housing status at time of decision:
 - f. Working at time of decision: