



# Georgia DBHDD SOAR Referral Form

*This section for DBHDD use only:*

Date Client seen by MES: \_\_\_\_\_

MES Specialist: \_\_\_\_\_

Outcome: \_\_\_\_\_

## Referral Source

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Phone: \_\_\_\_\_ Region: \_\_\_\_\_

### **PLEASE READ!**

\*Any referral that does NOT have a severe persistent mental illness (e.g. Psychotic Disorder NOS, Schizophrenia, Bipolar Disorder, Major Depressive Disorder, etc.) as one of their disabling medical conditions will not be reviewed due to lack of eligibility.

Referrals should be for those clients who do NOT currently have legal representation and currently needs assistance with an existing application recently submitted, a first-level appeal, and/or an initial application.

## Individual Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_ Date of Birth City/State of Birth Mother's Maiden Name

\_\_\_\_\_ Home Street Address State/City/ZIP

Please indicate whether address is: Mailing \_\_\_ Shelter \_\_\_ Actual Residence \_\_\_

\_\_\_\_\_ Phone # SSN # \_\_\_\_\_

## 3rd Party Contact Information

*This is someone that knows the client, can help get in touch, and/or can share information with us:*

\_\_\_\_\_ Name: Relationship Phone \_\_\_\_\_

Email: \_\_\_\_\_

## Individual's Medical Information

Mental Health Diagnosis(s)\*: \_\_\_\_\_

Other Medical Condition(s): \_\_\_\_\_

### Medical Treatment Sources Seen in the Last 2 Years:

| Name | City/State | Treatment Dates |
|------|------------|-----------------|
|      |            |                 |
|      |            |                 |
|      |            |                 |

Have you or someone on your behalf, applied/received SSI/SSDI benefits?

Yes \_\_\_ or No \_\_\_\_

If Yes, WHO applied for you? \_\_\_\_\_

WHEN did you/they apply? \_\_\_\_\_

Is your claim currently pending? Yes\_\_\_ or No\_\_\_

What was outcome of claim? (ex: Denied 07/2018) \_\_\_\_\_

### Work/Additional Services Information:

Has the client worked (i.e. earned ANY form of income) in the last year?

Yes \_\_ or No \_\_

Has the client been referred to or is receiving any additional services (i.e. job development or placement, housing, etc.)?

Yes \_\_ or No \_\_

If referred, when and to what service? \_\_\_\_\_  
*When* *Services*

If receiving, what services? \_\_\_\_\_

Is there any additional information you would like to share about your client that may help their SSI/SSDI case? If so please share below: