Flagler Cares SOAR Screening & Referral Form, AdventHealth

Referral Process

1. Complete this Screening & Referral Form and email to help@flaglercares.org or fax to 386-463-1030
2. Complete the Flagler Cares Release of Information form (www.flaglercares.org/forms) with client and email to help@flaglecares.org or fax to 386-463-1030
3. Complete a referral webform at: https://webform.lincme.org/refer

Date			
Client Name			
Client DOB			
Treating Hospital			
Screened Completed By			
Phone		Email	

Referral Screening, Required Criteria
The individual must meet all of the criteria below for a successful referral.

Client is 18 years of age or older	☐ Yes	☐ No	☐ Unsure
Client is a U.S. citizen or legal resident	☐ Yes	☐ No	☐ Unsure
Client has been discharged from hospital or will be discharged within 24 hours	☐ Yes	☐ No	☐ Unsure
Client is willing and able to participate in the application process	☐ Yes	☐ No	☐ Unsure
Client has not had a SSI/SSDI appeal denied in the past 6 months	☐ Yes	☐ No	☐ Unsure
Client is not currently represented by a disability attorney	☐ Yes	☐ No	☐ Unsure
Client has a physical, mental or cognitive condition that is expected to last at least 12 months	☐ Yes	☐ No	☐ Unsure

Referral Screening, Additional Criteria
Although not required, the criteria below significantly impact a successful application.

Client's condition is on the Compassionate Allowance Condition List	☐ Yes	☐ No	☐ Unsure
Client's condition prevents or significantly limits the ability to work	☐ Yes	☐ No	☐ Unsure
Client has at least 12 months of documentation and treatment records of their condition	☐ Yes	☐ No	☐ Unsure
Client is willing to work with Vocational Rehabilitation or has had a vocational assessment.	☐ Yes	☐ No	☐ Unsure

Other Helpful Information (check all that apply)

☐ Currently unhoused	☐ Multiple hospitalizations	☐ Limited Transportation
☐ Limited family supports	☐ Cognitive impairments	

Please note that eligibility for SSI/SSDI benefits is complex and this screening is designed to serve as a preliminary tool to determine if a referral is appropriate.