



Continuum of Care or Minnesota Tribal Collaborative Certification Form – SOAR One-Time Service Funding

The Minnesota Department of Human Services (DHS) requests the following information for the SSI/SSDI Outreach, Access, and Recovery (SOAR) One-Time Service Funding Opportunity.

The purpose of this form is to demonstrate that the Applicant has engaged the local homelessness response planning group early in proposal development to enhance collaboration, outreach and referral for individuals needing assistance in applying for Social Security disability benefits. In turn, the local homelessness planning entity will “certify” that the applicant has presented its proposal and will provide the requested feedback to DHS as an element of evaluation in the Community Planning & Collaboration section of the SOAR Application [DHS-7750-ENG](#) (PDF).

This completed form must be submitted to DHS by **4:00 pm September 21, 2018** as part of the required application documents.

- **The Applicant completes Section 1**
If Applicant is a Tribal Nation, engage the Minnesota Tribal Collaborative (MTC). If Tribal Nation Applicant is not a member of the MTC, contact the Tribal Leadership. All other Applicants should engage their local Continuum of Care group (See [Continuum of Care Contact List and Meeting Calendar](#) (PDF)). The CoC Coordinator, MTC Chair or Tribal leadership should follow their typical protocol for reviewing proposals. Awarded grantees will be expected to actively engage in planning in CoC or MTC meetings throughout grant period (e.g., referral process to SOAR services, coordinated entry, etc.).
- **The CoC Coordinator, MTC Chair or Tribal leadership will complete Section 2** and return to the Applicant prior to deadline. Please be specific in your response as there may not be funding available for multiple applicants in your community.

Section 1 – SOAR Service Funding Proposal to be completed by Applicant

Applicant Organization	
Legal Name	
Address	
City, Zip Code	
Contact Name and Title	
Phone Number	
Email	

Website	
Funding Request Information	
SOAR Service Funding Grant (Select the one that applies)	Current DHS contracted Social Security Advocacy, SOAR (or both) Provider New Applicant
SOAR Service Funding Request (up to \$50K)	\$
Counties to be served Or Reservations to be served	

Proposed SOAR Services

1. Service Goals
 - Total # of people proposed to be assisted in Year 1
 - Total # of people proposed to be assisted in Year 2

2. SOAR Personnel
 - Total Proposed #: Full-Time Employee(s) (FTE) dedicated to SOAR activities

3. Other information you'd like to share with CoC or MTC about your SOAR Service Funding proposal:

Section 2 – Completed by CoC Coordinator or MTC Chair

SOAR is a nationwide, service intensive model to assist those experiencing or at-risk of homelessness apply for Social Security disability benefits. For more information, see [SOAR Grant Opportunity](#).

The SOAR One-Time Service Funding resources are made available through a competitive RFP process in addition to SOAR pay-for-performance contracts. The following information will help DHS incorporate the perspective of the local CoC or MTC into the evaluation of the SOAR Service Funding proposal.

1. Has the Applicant discussed the proposed SOAR services with the CoC or MTC? If so, please describe format.

2. Is the Applicant Organization currently an active participant or voting member in the CoC or MTC?

3. Does the Applicant Organization partner with organizations affiliated with CoC and the CoC's Coordinated Entry System or the MTC? If so, please describe.

4. What need do you see in your community for assistance in navigating the Social Security disability application process?
 - a. How is this need currently being addressed?
 - b. Does this proposal assist in meeting this need?
 - c. Is SOAR a part of your community's strategy to increase income for adults in HUD or State-funded homeless programs (Measure 4 – CoC only)?
 - d. Would you recommend any modifications to this proposal to make it more successful?

5. Do you support the Applicant's proposal for SOAR services in the community?

6. Please provide any other comments or recommendations:

SIGNATURE

PRINTED NAME

TITLE (CoC Coordinator, MTC Chair or Tribal Leadership)

ORGANIZATION

DATE