Sample Forms

Intake

Self-Help Office Intake Form
Legal Counsel for the Elderly – IONA
[Volunteer initials_____/time started_____/ended_____]
(The following information must be provided before using the self-help office)

Your name: Date: Time arrived:

(Last) *(First)* *(Middle Initial)*

Address: City:

State: Zip:

Phone: (With Area Code)

Ethnicity:
_____ African-American _____ Asian _____ Other
_____ White _____ Hispanic

Gender _____

Birthdate _____ AARP Member? _____

Total Household Assets (for example savings, real estate): _____

Number in household: _____

Monthly Household Income:

_____ less than $1477 _____ less than $2503
_____ less than $1990 _____ less than $3017

IMPORANT INFORMATION. PLEASE READ THE FOLLOWING CAREFULLY BECAUSE IT IS VITAL FOR YOU TO KNOW AND UNDERSTAND THESE FACTS:

This is a Self-Help Office [SHO] designed for you to help yourself. While you are using this office, LCE is *not your* attorney. If you are unable to resolve your problem with this self-help information, SHO staff may be able to obtain an attorney to assist you. Once you leave this office, SHO staff will not take any further action on your matter. However, SHO staff invite you to return if you need any additional assistance.

Signature Date

_____

(The following information must be provided before using the Self-Help Office)

Self Help Office Intake Form: Legal Counsel for the Elderly

Today's date: _____

Your Name: _____

Last **First** **Middle Initial**

Your street address:

_____

**Street** **Apt. #** **(NW, NE, SW, SE)**

Your zip code_____

Ethnicity (check one)

_____ **African American (BL)**_____**Asian (AS)** _____**Hispanic (HI)**

____ **White (WH)** _____ **Other (OT)**

Gender: _____**Female** _____**Male**

Birth Date:_____

Total Household Assets (for example savings, real estate): _____

Monthly Household Income: _____**$0 to $716** _____**$717 to $1432**
_____ **over $1433**

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_____ _____

Signature **Date**

(☐) Check All The Services Provided

____ 1. Legal information on following topics: _____

_____

____ 2. Self-help brochures on following topics: _____

_____

_____

____ 3. Consumer complaint letter sent to: _____

_____

_____

____ 4. Small claims suit where defendant is: _____

_____

____ 5. Complaint with DC government sent to: _____

_____

____ 6. LCE Legal Hotline service

____ 7. LCE Intake

____ 8. Legal document of following type(s): _____

_____

_____

_____

____ 9. Letter to Landlord / Housing inspector (circle one)

____ 10. Public benefit check-up. Is eligible for: _____

_____

____ 11. Benefits application sent to: _____

_____

____ 12. Referral to following legal services: _____

_____

____ 13. Referral to following agency: _____

_____

____ 14. Other services. Please describe: _____

_____

_____

Brief description of the problem:

_____

_____

_____

_____

INTAKE NOTES

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Signature Date

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