

# Volunteer Legal Services

## INTAKE FORM

Date Referred \_\_\_\_\_

**Is this Case an Emergency, or Will it Require a Home/Hospital Visit?** Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Alternative phone no.(s) at which client can be reached. Whose Number is this? \_\_\_\_\_

Race: White ( ) Black ( ) Hispanic ( ) Asian ( ) Other \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

D.O.B. \_\_\_\_\_ Primary Language \_\_\_\_\_ Translator Needed: Yes \_\_\_ No \_\_\_

Client of ASA? Yes \_\_\_ No \_\_\_ If yes, who is your Case manager? \_\_\_\_\_

Case managed elsewhere? Yes \_\_\_ No \_\_\_ If yes, where \_\_\_\_\_

Name of Case Manager and Phone # \_\_\_\_\_

Referred by \_\_\_\_\_

OK to leave phone messages?: Yes \_\_\_ No \_\_\_ By-pass phone block?: Yes \_\_\_ No \_\_\_

How much do you pay for Rent/Mortgage monthly? \_\_\_\_\_

Do you own property other than where you are living? Yes \_\_\_ No \_\_\_ If yes, how much is it worth? \_\_\_\_\_

### Gross Monthly Income

	You	Household member
AFDC	\$ _____	_____
Child Support	_____	_____
Pension	_____	_____
Rental Income	_____	_____
SSI/SSDI	_____	_____
Employment	_____	_____
Unemployment	_____	_____
Other	_____	_____

**Gross Monthly Income Total** \$ \_\_\_\_\_

### Monthly Household Expenses

Medical	\$ _____
Child care	_____
Disability Care	_____
Child Support	_____
Health Insurance	_____

**Total Expenses** \$ \_\_\_\_\_

### Household Composition

# in household under 18 \_\_\_\_\_ # in household over 18 \_\_\_\_\_ Total Number in Household \_\_\_\_\_

Opposing Party \_\_\_\_\_

### Type of Legal Need/Additional Client Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_