

Applicant Intake Sheet

Our funding agencies require answers to these questions. We may share your answers with them but we will not share your name unless required by law. LAFLA #: _____

Contact Info

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____ Apt #: _____ Safe to send mail? No Yes
 City: _____ Zip Code: _____ E-mail Address: _____
 Phone Number: _____ Safe to leave message? No Yes Okay to send text message? No Yes
 Alternate Contact Number (If friend, provide name also): _____
 Friend's Name: _____ Safe to leave message? No Yes Okay to send text message? No Yes

About You

Date of Birth: (mm/dd/yyyy) ____/____/____ Social Security Number: ____/____/____
 Are you disabled? No Yes Do you identify as: Straight Lesbian/Gay Bisexual Other Decline to state
 Gender: Female Male Transgender Female Transgender Male Other Decline to state
 Marital Status: Single Married Domestic Partnership Divorced Separated Widowed
 Race / Ethnicity: Asian Black Latino Native American Pacific Islander White Other
 What language do you want to use to communicate with us? _____
 Do you have other communication needs? Deaf Hard of hearing Speech disability
 Have you or a spouse, parent, or child experienced domestic violence or sexual assault? No Yes; Who? _____
 Have you ever served in the U.S. Military? No Yes
 Health Insurance: None Medi-Cal Covered California Medicare Private VA Medical Other
 IMMIGRATION STATUS: U.S. Citizen Permanent Resident Other: _____

Household Finances

Household size: Adults _____ Children _____ Household means people who are related, live together and share a legal obligation of support.
 Please write the gender & age of all household members (gender/age): (____/____) (____/____) (____/____) (____/____) (____/____)

Monthly Gross Income:	You	Other Members	Household Assets (property owned by you and/or household members):
Wages/Employment	\$ _____	\$ _____	My household <input type="checkbox"/> Rents <input type="checkbox"/> Owns our home <input type="checkbox"/> Is homeless.
Social Security	\$ _____	\$ _____	My household owns real property we do NOT live in: <input type="checkbox"/> No <input type="checkbox"/> Yes
CalWORKs	\$ _____	\$ _____	If yes, what is the equity value? _____
GR	\$ _____	\$ _____	My household owns the following vehicles (e.g. car, RV, boat, ATV etc.):
SSI	\$ _____	\$ _____	____ # of vehicles used for transportation
CAPI	\$ _____	\$ _____	____ # of vehicles NOT used for transportation; Value: \$ _____
VA Benefits	\$ _____	\$ _____	My household has cash and bank accounts worth \$ _____
Other (exclude Food Stamps)	\$ _____	\$ _____	My household has household goods worth \$ _____
SUBTOTAL	\$ _____	\$ _____	(e.g. furniture, clothing, appliances, antiques, jewelry)
TOTAL (add both subtotals)	\$ _____	\$ _____	My household has other assets worth \$ _____
			(e.g. burial plots, life insurance, trust accounts, stocks, bonds etc.)

Do you have any reason to believe that your income is likely to change significantly in the near future? No Yes
 If you answered yes to the previous question, please explain: _____

Verification

ATTESTATION
 If you are a United States citizen, please read the following statement and sign below: I AM A CITIZEN OF THE UNITED STATES.
 Date: _____ Applicant's Signature: _____

Has Legal Aid Foundation of Los Angeles ever helped you before? No Yes
 Are you now or have you ever been involved in a court case or legal matter in which Legal Aid Foundation of Los Angeles represented the other side? No Yes

CERTIFICATION
 I certify that the statements on this form are true. I understand that unless I sign a separate Retainer Agreement, Legal Aid Foundation of Los Angeles and its Volunteers will have no responsibility for my case and will not represent me.
 Date: _____ Applicant's Signature: _____ (01/17) AM1

Applicant Processing Sheet—Staff & Pro Bono Use Only
COMPLETE ALL 6 STEPS BEFORE DISMISSING INDIVIDUAL

Check as you complete steps

STEP 1 **LEGAL ISSUE** Issues _____ of _____

What is the legal issue? *Discuss only one issue on this form. If multiple issues, ask LAFLA attorney for extra forms.*

STEP 2 **NAMES**

Applicant's Name: _____ LAFLA Staff Screener: _____

LAFLA Supervising Attorney: _____

1. Pro Bono Volunteer: Law Student Attorney Other 2. Pro Bono Volunteer: Law Student Attorney Other

Name of Pro Bono: _____ Name of Pro Bono: _____

Firm / School Name: _____ Firm / School Name: _____

STEP 3 **FACTS**

What are the relevant facts? _____

STEP 4 **ASSISTANCE**

What did you do for the individual? Check all that apply and explain in space below.

Counsel & Advice. *Advised client:* _____

Drafted pro per letter regarding *(keep copy of letter for file):* _____

Assisted with paperwork. *Explain (keep copy for file):* _____

Referred to: _____

Other. *Explain:* _____

STEP 5 **TIME**

How much time did you spend working on this specific issue?

Write number of minutes: _____

STEP 6 **SUPERVISION**

Volunteer does not dismiss individual. Give paperwork to LAFLA Supervising Attorney for review before dismissing applicant.

LAFLA Supervising Attorney Signature: _____

PROLAW MATTER INFO	FUNDING	PAI CASE	IMMIGRANT VERIFICATION
Matter description: _____ <input type="checkbox"/> Open New Matter <input type="checkbox"/> _____ to open matter <input type="checkbox"/> Returning client—Existing matter <input type="checkbox"/> ENTER IN PROLAW	<input type="checkbox"/> LSC <input type="checkbox"/> Table II; Why? _____ <input type="checkbox"/> CSBG ___ Proof of Income ___ Proof of Residency	<input type="checkbox"/> No <input type="checkbox"/> Yes Retained by PAI? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> IOLTA <input type="checkbox"/> DOJ-DV <input type="checkbox"/> City of LA <input type="checkbox"/> City of SM <input type="checkbox"/> CalWORKs <input type="checkbox"/> Other	LSC eligible immigrant? <input type="checkbox"/> No <input type="checkbox"/> Yes Verification attached? <input type="checkbox"/> No <input type="checkbox"/> Yes

LEGAL CLINIC	DV INVOLVED?	PROBLEM CODE	LAFLA FOLLOW-UP?	OPPOSING PARTY
# _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes; Explain: _____	Name: _____ Date of Birth: _____

CLOSING

1. Closing Date: _____ 2. CSR Case? No Yes 3. Closing Code: _____
 No closing date—Case Retained A—CNA B—LAC
For extended service use closing memo 4. Non-CSR Closing Code: _____
 1—Unable to assist 4—Referral only
 2—Client withdrew 5—Duplicate
 3—Information only

LAC CASES ONLY (closing codes)

Output 1: PC _____ O/put _____ Date _____ **Outcome 1:** PC _____ O/come _____ Sub-O/c _____ Date _____

Output 2: PC _____ O/put _____ Date _____ **Outcome 2:** PC _____ O/come _____ Sub-O/c _____ Date _____

Econ Benefit 1: PC _____ Code _____ Amount _____ Type _____ Long-term Amount _____

Econ Benefit 2: PC _____ Code _____ Amount _____ Type _____ Long-term Amount _____

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