

REFERRING STAFF MEMBER INFORMATION	CLIENT INFORMATION
Healthcare Staff Member Name: [REDACTED]	Name: [REDACTED]
Phone: [REDACTED]	Address: [REDACTED]
Email: [REDACTED]	Phone: [REDACTED]
Staff Member Position: (Physician/Care Coordinator/Nurse):	Email: [REDACTED]
Date of Referral: [REDACTED]	Preferred Client Language: [REDACTED]
	Safe to leave phone and email messages? Yes: <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Safe to send mail to Address? Yes: <input checked="" type="checkbox"/> No <input type="checkbox"/>

Presenting Issues (check all that apply)

Do you or other family members have concerns with any of the following INCOME supports?

- Obtaining or keeping SSI Disability insurance, TANF, or VA benefits
Yes: No
- Obtaining or keeping SNAP/Food Stamp/WIC
Yes: No
- Anyone in household not have enough to eat?
Yes: No
- Obtaining or keeping the Earned Income Tax Credit (EITC)?
Yes: No
- Garnishments, child support, debt collections, car repossession, or lien/judgment attachments?
Yes: No
- Issues with unpaid wages?
Yes: No
- Obtaining an occupational and/or driver's license?
Yes: No

Do you or other family members have concerns with any of the following HEALTHCARE ACCESS?

- In need of health insurance or have problems with health care coverage
Yes: No
- Have problems with transportation to medical appointments?
Yes: No

- Have any special healthcare needs, such as needing a power of attorney or advanced healthcare directive?
Yes: No

Do you or other family members have concerns with any of the following EDUCATION NEEDS?

- Child in your care is struggling in school and needs special education services?
Yes: No
- Receiving special education services that are not working well?
Yes: No

Do you or other family members have concerns with LANDLORD/TENANT OR HOUSING needs?

- At risk of losing your housing (eviction, late rent, foreclosure, warnings, lease violations)?
Yes: No
- Problems with public housing, Section 8, and/or tax credits?
Yes: No
- Behind on utility bills or received a shutoff notice?
Yes: No
- Been discriminated against in connection to housing?
Yes: No

- 5. Has your landlord failed to make repairs/maintain the upkeep of your home?
Yes: No:
- 6. Have problems such as bed bugs or other bugs, lead paint, lack of smoke detectors, mold, or other related issues?
Yes: No:

Do you or other family members have concerns with the following for PERSONAL OR FAMILY STABILITY?

- 1. Concerns for your safety or a family member's safety for a result of physical, verbal, or written threats?
Yes: No:
- 2. Questions or issues related to divorce, paternity, child custody, and/or guardianship?
Yes: No:
- 3. Are you or a household family member an ex-offender (served time in prison)?
Yes: No:

Other Issues you or other family members have concerns with:

- 1. Need assistance with a will, a trust, or other estate planning?
Yes: No:
- 2. Is your household family considering bankruptcy for any reason?
Yes: No:
- 3. Have you been advised that a child in your care should receive an adoption subsidy?
Yes: No:
- 4. Issues regarding an adoption subsidy?
Yes: No:
- 5. Other civil (non-criminal) issues that an attorney could help with?
Yes: No:
- 6. Concerned about immigration or citizenship status?
Yes: No:
- 7. Any other legal issues?
Yes: No:

Summary of Problems, Issues or Concerns:

Assistance in near future needed for adoption, and for establishing a will. ~~or trust~~