**UPDATED OCTOBER 2019**

**EASTSIDE LEGAL ASSISTANCE PROGRAM DVLP INTAKE AND SCREENING FORM**

*This form is to be used to refer clients to* Eastside Legal Assistance Program *for an appointment with our DV Staff Attorneys.* ***Please advise your clients that an acceptance of a referral is not a guarantee for representation in court and that they should not let deadlines pass while they await a response.*** *An incomplete intake form will be rejected.*

|  |  |
| --- | --- |
| **Email this completed form to** [**referrals@elap.org**](mailto:referrals@elap.org)  *Domestic Violence Agencies:*  Please attach your release of information with this referral; language must state “may communicate and exchange documents and information to one another for purposes of collaborating on advocating for the client’s legal needs.” | **DATE:**  **Does this Referral consist of a case with a hearing or other deadline?**  **YES NO**  When is the hearing? When are other deadlines? What is the hearing/deadline related to? |

REFERRING PROGRAM: PERSON REFERRING:

CONTACT INFO (Phone and/or email): Is client working with a *community advocate* from a DV shelter/agency? YES NO

If yes, advocate’s name and contact info: Has the client been referred to any other agency for legal assistance? YES (to whom: ) NO

# Client’s Name: , , Last Name First Name Middle Name (if one)

**Client’s Former name, maiden name, or alias:** Primary Language: Interpreter Needed? YES NO CONVERSATIONAL **PUBLIC/MAILING ADRRESS** (a non-confidential mailing address is needed on some court paperwork at certain times.)

City, State, and Zip Code (*required*):

**HOME ADDRESS** [ ] Confidential OR [ ] Same as public address.

City, State, and Zip Code (*required if diff.*):

Phone No. [ ] Texting okay (authorized) [ ] Safe for voicemail [ ] Known to Abuser Alternate Phone No. [ ] Texting okay (authorized) [ ] Safe for voicemail [ ] Known to Abuser Email (safe) Date of Birth

Current housing: Permanent Shelter /transition Homeless Family members Other:

**DEMOGRAPHIC INFORMATION** (Please answer every question by circling the answer or checking the appropriate box)

1. Sex: Male Female Transgender Other:
2. Is client Hispanic/Latinx? YES NO

Preferred Pronouns:

1. Race: American Indian or Alaskan Native Asian or Asian American

Black, African American, other African Native Hawaiian or Pacific Islander White or Caucasian Unknown

Multi-Racial (2+ chosen) Other:

(Check those that apply)

1. Highest Education Level:

Less than High School grad High School Diploma or GED Some college – no degree or certification

Certificate Associate Degree

Bachelor’s Degree or above

1. Employment:

Full-time Employment Part-time Employment

Seasonal Day Employment Self Employed

Not Employed – Not Seeking Not Employed – Seeking

1. Disability (any physical, mental, emotional, cognitive and/or learning difficulties)? YES NO Do you have any access needs you would like us to know about?:
2. US Citizen (Immigration status will not affect acceptance of referral): YES NO
3. Refugee and/or Immigrant: YES NO
4. Veteran Status:

Veteran Not a veteran US Military (active) Spouse/Partner of military person or veteran

# Current household situation:

CHILDREN under 18 in household:

Single Female head of household

Single Male head of household

Partnered/Married

Partnered, Married – Living with other related adults

Living with other related adults

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* NO CHILDREN under 18 household:

Single Female

Single Male

I am under 18 years-old

Married/Domestic Partnership

Living with other relative

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAMES |  |  |  | Is abuser the |
| OF CHILDREN: | Birthdate | Age | M/F | other parent? |

# CLIENT AND HOUSEHOLD INCOME AND EXPENSE INFORMATION

**What is the gross YEARLY income category for your household from the HUD Income Category Chart?**

Category: A B C D Unknown

|  |  |  |
| --- | --- | --- |
| 2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT  COLUMBIA | | OF |
| Persons in family/household | Poverty guideline | |
| 1 ............................................ | $12,490 | |
| 2 ............................................ | 16,910 | |
| 3 ............................................ | 21,330 | |
| 4 ............................................ | 25,750 | |
| 5 ............................................ | 30,170 | |
| 6 ............................................ | 34,590 | |
| 7 ............................................ | 39,010 | |
| 8 ............................................ | 43,430 | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2019 HUD Income Guidelines** | | | | | | | | |
| **Household Category** | **1 person** | **2 persons** | **3 persons** | **4 persons** | **5 persons** | **6 persons** | **7 persons** | **8 persons** |
| **Category A** | Up to  $23,250 | Up to  $26,600 | Up to  $29,900 | Up to  $33,200 | Up to  $35,900 | Up to  $38,550 | Up to  $41,200 | Up to  $43,850 |
| **Category B** | Up to  $38,750 | Up to  $44,300 | Up to  $49,850 | Up to  $55,350 | Up to  $59,800 | Up to  $64,250 | Up to  $68,650 | Up to  $73,100 |
| **Category C** | Up to  $46,500 | Up to  $53,160 | Up to  $59,820 | Up to  $66,420 | Up to  $71,760 | Up to  $77,100 | Up to  $82,380 | Up to  $87,720 |
| **Category D** | Up to  $61,800 | Up to  $70,600 | Up to  $79,450 | Up to  $88,250 | Up to  $95,350 | Up to  $102,400 | Up to  $109,450 | Up to  $116,500 |

# How many people are in your household?

Adults:

Children under 18:

# What is your total family income (combined income for you and any and all adults who live with you) before taxes?

**Amount: $** [ ] per month [ ] per year From employment? YES NO

From L&I? YES NO

From unemployment? YES NO

From rental income? YES NO [ ] No income.

# Do you receive public benefits? Please check what kind and state the amount:

DSHS Cash Assistance $ DSHS Food Assistance $ Other $

SSI $

Social Security Disability $\_ Medicaid (“Apple Health”)

# Household Expenses (useful to offset income to qualify cases in which income slightly exceeds limits):

Rent: $ [ ] per month [ ] per year Mortgage: $ [ ] per month [ ] per year

Child Support or Spousal Maintenance: $ [ ] per month [ ] per year Day care – Child or Elder: $ [ ] per month [ ] per year Medical care: $ [ ] per month [ ] per year

# CASE INFORMATION

1. List all past and current court cases involving the client and/or the opposing party, starting with the current case. Attach extra pages as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Kind of case  *(Family Law, Criminal, Protection Order, Juvenile, Dependency, etc.)* | County and State | Case number and year | Outcome  *(Ongoing, found guilty, dismissed, final orders*  *entered, protection order entered, etc.)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Is Domestic Violence present? YES NO
2. Is Sexual Assault present? YES NO
3. Has the court ordered an FCS investigation? YES NO

If yes, what case, when, and what was the outcome? Please attach a copy of the FCS Report:

1. Has CPS been involved? YES NO

If yes, what is the status/outcome:

1. Were police involved? YES NO \*\*If yes, provide a report or work with the referred person to obtain it.\*\*
2. If other attorneys have represented or are currently representing the client in this or similar case(s), list full name

of all attorneys and contact info (both civil and criminal):

# OPPOSING PARTY:

Opposing party’s name: Birthdate:

Opposing party’s maiden name, former name, or alias:

Address: Phone number: \_

Relationship to the opposing party: Spouse Ex-Spouse Partner

Ex-Partner Legal Guardian Parent Other Family Member Other:

**Opposing party’s attorney:** Phone #

**Factual description of the client’s circumstances, particularly a description of the abuse.** ELAP prioritizes cases that are high in lethality, involve children, have pending hearings, or have other barriers to access to justice (disability, language, complexity etc). Add additional pages if needed.

# What is the client’s legal issue?

Please check the correct box that aligns with the client’s legal needs:

|  |  |
| --- | --- |
| Domestic Violence Protection Order | Filing a Parenting Plan Case |
| Filing for Dissolution/Separation | Obtaining Temporary Orders |

Explain all boxes checked (add additional pages if needed)**:**

**What is the preferred method of contact? When is the best time to call?** This is helpful to know for when scheduling appointments:

(telephonic approval and acceptance ok, but we will confirm in appointment)

Signature

Date:

**For the client to sign:** I, , understand that the information above will be provided to Eastside Legal Assistance Program. I also understand that this information may be provided to other legal services providers in order to establish my eligibility for legal representation or other legal services. I give my permission for this information to be used outside of ELAP for that purpose only. I intend this information to be a privileged communication. However, I authorize ELAP to contact the referral agency for the sole purpose to confirm that ELAP has received this intake and to communicate to the referral agency the intake’s status (including whether ELAP has scheduled an appointment for the client or to confirm or correct a phone number or email listed). This Release of Information is valid only for six months after the date listed below. ***I also understand that consideration for these programs does not guarantee acceptance by ELAP, and does not guarantee eligibility for legal assistance.***

**\*Attach any court, police, and supporting documents when sending this referral to ELAP**