

SLP INTAKE CHEATSHEET

SLP Coordinator – Shelby Smith shelby.smith@lasoregon.org (503) 471-1135

CASES TO REFER OUT:

To LASO: (503) 224-4086 - Mon, Tues, Thurs, and Fri 9am-Noon & 1-4pm and Wed 1-4pm

- Abuse/Protective Orders (including financial abuse)
- Family Law (i.e., Divorce, Child Support, Spousal Support)
- Guardianship and conservatorship cases
- Immigration (or refer to Catholic Charities or Immigration Counseling Services)
- Bankruptcy
- Discrimination
- Criminal Expungements
- Foreclosure
- Nursing home/assisted living issues-involuntary move-out

To Public Benefits Hotline: (800) 520-5292 - Medicaid, Medicare, Social Security, SNAP, Income Cap Trusts, etc. – Mon, Wed, Thurs 1–4pm; Tues, Wed 9am-Noon.

To Oregon State Bar Lawyer Referral : (503) 684-3763 or (800) 452-7636:

- Criminal (except expungement)
- Personal Injury/Accidents
- Workers Compensation

When in doubt, contact the Senior Law Project Coordinator.

THE SENIOR OR SPOUSE MUST MAKE APPOINTMENT & MUST ATTEND APPOINTMENT!

Others cannot make and attend appointments on behalf of senior.

CITIZENSHIP:

Eligible:

- U.S. citizens, eligible aliens (legally in the US)
- Eligible non-citizens - LPRs, asylees, refugees, special agricultural workers
- VAWA - victims of DV, stalking, sexual assault, human trafficking

REFER ineligible non-citizens to Oregon Law Center (503) 295-2760

How to ask: “I need to ask some questions about your citizenship and immigration status to determine how best to assist you:

- 1) Are you a US Citizen, or permanent resident?
- 2) Do you have a work permit?
- 3) Do you have any petitions pending related to your citizenship or are you in any immigration proceedings?

REMINDERS: The Intake Specialist MUST...

- **Determine citizenship and eligibility**
- **Provide to the volunteer attorney: (cc: SLP Coordinator on email while virtual)**
 - **the SLP Timesheet**
 - **the Intake Form**
 - **the Retainer Agreement, and**
 - **the Case Closure Form**
- **Send copies of the SLP Timesheet and Intake Form to LASO (when virtual, cc: on email)**
- **Provide a copy of the Evaluation/Complaint Form to the senior**

| 2022 Federal Poverty Income Guidelines | | | | |
|--|----------------|---------|---------------|-----------|
| Size of Family | Monthly Income | | Annual Income | |
| - | 125% | 200% | 125% | 200% |
| 1 | \$1,416 | \$2,265 | \$16,988 | \$27,180 |
| 2 | \$1,907 | \$3,052 | \$22,888 | \$36,620 |
| 3 | \$2,399 | \$3,838 | \$28,788 | \$46,060 |
| 4 | \$2,891 | \$4,625 | \$34,688 | \$55,500 |
| 5 | \$3,382 | \$5,412 | \$40,588 | \$64,940 |
| 6 | \$3,874 | \$6,198 | \$46,488 | \$74,380 |
| 7 | \$4,366 | \$6,985 | \$52,388 | \$83,820 |
| 8 | \$4,857 | \$7,772 | \$58,288 | \$93,260 |
| 9 | \$5,349 | \$8,558 | \$64,188 | \$102,700 |
| 10 | \$5,841 | \$9,345 | \$70,088 | \$112,140 |

Senior Law Project - Intake Sheet

Senior Center: ☐ BM/HW ☐ CPA/HW ☐ IMP ☐ IRCO ☐ FH ☐ NH ☐ UL ☐ YWCA

Date of Clinic: _____ Need Interpreter? ☐ Yes - Language: _____

Name: _____
(Please Print) Last First Middle Initial

Spouse Name: _____ Spouse is Over 60? ☐ Yes

Mailing Address: _____

Phone: _____ Birthdate: _____ Gender: ☐ Male ☐ Female ☐ Other

Ethnicity: (check all that apply) ☐ White ☐ Asian ☐ African American ☐ Hispanic ☐ Native American
☐ Other _____ ☐ Declined to answer

ADVERSE PARTY: Others involved in the case (ex-spouse, co-parent, child, landlord, etc.)

Name Date of Birth Relationship

HOUSEHOLD INFORMATION

☐ Alone ☐ With Others: Adults: _____ Minor Children: _____ ☐ Long-term Care Facility ☐ N/A

MONTHLY INCOME (before taxes)

| | |
|--|----|
| Monthly Income (including wages, retirement, social security, pension, etc.) | \$ |
| Other household member's income | \$ |
| Total household income | \$ |

Financial Eligibility:

☐ Under 125% ☐ Between 125% - 200% (attempt to work down to 125%) ☐ Over 200%

\$_____ Medical/Disability/Nursing Home Expenses (including insurance)

\$_____ Support Payments

\$_____ Work-related expenses

\$_____ Taxes from prior years

\$_____ Student loans

\$_____ Court fines/fees

\$_____ **TOTAL DEDUCTIONS**

☐ Income not provided

☐ Assets not provided

☐ Available assets over \$15,000

☐ **ELIGIBLE**

☐ **INELIGIBLE**

Brief Description of Legal Problem: _____

Legal Status: ☐ US Citizen ☐ LPR ☐ Work Card ☐ Immigration Proceedings ☐ VAWA

Please Sign

Date: _____

Eligible – kept for follow up

Pro Bono Attorney: _____ ☐

- ← Mark senior center
- ← Date of Clinic
- ← Name, Address, Phone. DOB, Gender & Ethnicity of Senior
- ← If interpreter is needed, add language
- ← If spouse is client, check box
- ← If landlord dispute, MUST add landlord as Adverse Party
- ← Mark living situation & how many adults & minors in home
- ← Add all relevant income
- ← If under 125%, check box
- ← If 125%-200%, subtract deductions & determine
- ← If Over 200%, mark Ineligible & Over 200%
- ← Determine Asset eligibility
- ← Write legal issue
- ← Mark if eligible

Send to attorney & cc SLP Coordinator 2 days prior to clinic