

# Senior Law Project (SLP) Intake Cheatsheet

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## Cases Appropriate for SLP:

- Estate Planning – Wills, Power of Attorney (POAs), Advanced Directives, Trusts, Guardianship/Conservatorships, etc.
- Landlord/Tenant issues (without tight timelines or court dates)
- Consumer Issues & Debt Collection Issues (without tight timelines or court dates looming)

## CASES TO REFER ELSEWHERE:

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

- Abuse/Protective Orders (including elder and financial abuse)
- Family Law (i.e., Divorce, Child Support, Spousal Support)
- Immigration (or refer to [Catholic Charities](#) or [Immigration Counseling Services](#))
- Bankruptcy
- Discrimination (housing, employment, etc.)
- Criminal Expungements
- Eviction Expungements
- Foreclosure
- Nursing home/assisted living issues-involuntary move-out

To Public Benefits Helpline: (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: (800) 452-7636 or <https://www.osbar.org/public/ris>

- 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 but may attend with the senior after attorney advises senior of their rights and senior's permission for a third-party to attend is established.

## **CITIZENSHIP:**

Eligible:

- U.S. citizens, eligible non-citizens (legally in the US)
  - Eligible non-citizens – Legal Permanent Residents (LPR), asylees, refugees, special agricultural workers; and victims of domestic violence, stalking, sexual assault, human trafficking
  - REFER ineligible non-citizens to Oregon Law Center (503) 295-2760

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

- Are you a US Citizen, or permanent resident?
- Do you have a work permit?
- Do you have any petitions pending related to your citizenship or are you in any immigration proceedings?
- Are you a survivor or have you been the victim of domestic violence?

**REMINDERS: The Intake Specialist MUST...**

- **Determine citizenship and eligibility**
- **Provide to the volunteer attorney: (cc: SLP Coordinator on email)**
  - *the SLP Timesheet*
  - *the Intake Form*
  - *the Retainer Agreement, and*
  - *the Case Closure Form*
- **Send copies of the SLP Timesheet and Intake Form (with senior's signature on intake form if in-person appointment) to LASO (when virtual, cc: on email)**
- **Provide a copy of the Evaluation/Complaint Form to the senior**

Follow the table below to determine income eligibility:

2023 Federal Poverty Income Guidelines				
Size of Family	Monthly Income		Annual Income	
-	125%	200%	125%	200%
1	\$1,519	\$2,430	\$18,225	\$29,160
2	\$2,054	\$3,287	\$24,650	\$39,440
3	\$2,590	\$4,143	\$31,075	\$49,720
4	\$3,125	\$5,000	\$37,500	\$60,000
5	\$3,660	\$5,857	\$43,925	\$70,280
6	\$4,196	\$6,713	\$50,350	\$80,560
7	\$4,731	\$7,570	\$56,775	\$90,840
8	\$5,267	\$8,427	\$63,200	\$101,120
9	\$5,802	\$9,283	\$69,625	\$111,400
10	\$6,338	\$10,140	\$76,050	\$121,680

If you have questions about determining financial eligibility, please contact the SLP Coordinator.

**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	\$ _____
<b>Total household income</b>	<b>\$ _____</b>

**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**