Southern University Poverty/Disaster Relief Clinic Intake Form

- PLEASE NOTE PROOF OF INCOME WILL BE REQUIRED AT THE INITIAL APPOINTMENT
- THIS APPLICATION IS BASED ON INCOME GUIDELINES, WOULD
 YOU LIKE TO PROCEED? YES NO

| Last Name | First Name | | MI |
|-------------------------------------|-----------------------------|-------------|--------------------|
| Maiden | Other Names Used | <u>D</u> | OB (mm/dd/yyyy) |
| Last Four of Social Security | Number: | | |
| Street Address | City | State | Zip code |
| Mailing Address (if different) | City | State | Zip code |
| Home Phone | Cell Phone | Oth | er phone (specify) |
| Email address: | | | |
| Computer Access: Yes N | To 🔲 | | |
| Do you require accommodation | s for any known disability | /? | |
| If yes, please list (be specific as | to extent of limitation and | d accommoda | tion needed) |
| | | | |

| Gender | Ethnicity | Marital Status | Primary Language |
|---------------|--|-----------------------|---|
| Male | | | |
| | Black | Single | English |
| Female | T 471 1 | | |
| Other | White | Married | French |
| Prefer not to | Hispanic/ Latino | Widowed | Spanish |
| respond | Asian | Divorced | Vietnamese |
| | American | Separated | Other |
| | Indian/ Alaska Native | | *If other, what is your primary language? |
| | Native Hawaiian/ Other Pacific Islander | | |
| | Other | | |
| | Prefer not to respond | | |

| If you receive food stamps, ho | v much do you receive per m | nonth? |
|--------------------------------|-----------------------------|--------|
|--------------------------------|-----------------------------|--------|

| Number of occupants in your household: | 17/under | 18/over | total |
|--|----------|---------|-------|
|--|----------|---------|-------|

List the names and dates of birth of each person you live with, as well as each person's relationship to you.

| Name | Relationship | DOB (mm/dd/yyyy) |
|------|--------------|------------------|
| | | |
| | | |

If you are employed:

Name of Employer

Length of Employment P

Phone number

Employer's AddressCityStateZip code*If you are not employed, please give the information for your last employer above.

| | Income |
|---------------------------------|-----------------------------------|
| Employment Gross Monthly? | \$ Weekly?Bi-weekly?2xMonthly? |
| Spouse Income Gross Monthly? | \$ Weekly?Bi-weekly?2xMonthly? |
| Social Security Monthly? | \$ Weekly?Bi-weekly?2xMonthly? |
| SSI/Disability Monthly? | \$ Weekly?Bi-weekly?2xMonthly? |

| Worker's Comp Monthly? | \$ | Weekly?Bi-weekly?2xMonthly? |
|-------------------------------------|------------------|-----------------------------|
| Pension/VA Monthly? | \$ | Weekly?Bi-weekly?2xMonthly? |
| Unemployment Monthly? | \$ | Weekly?Bi-weekly?2xMonthly? |
| Child Support Received Monthly? | \$ | Weekly?Bi-weekly?2xMonthly? |
| Welfare/TANF Monthly? | \$ | Weekly?Bi-weekly?2xMonthly? |
| Other (all other income Monthly? | \$ | Weekly?Bi-weekly?2xMonthly? |
| If you have no reporta | able income, sig | n here please: |
| X | | |

| Income A | djustments | |
|--|-----------------|---------|
| Child support paid | \$ | _/month |
| Child Care | \$ | /month |
| Medical bills | \$ | /month |
| Transportation | \$ | /month |
| Mortgage/Rent/Lease | \$ | /month |
| Fixed Debt | \$ | /month |
| Other (Specify): | \$ | /month |
| Other (Specify): | \$ | /month |
| Do you expect your income to change in the | ne near future? | Yes No |

| As | sets | |
|--------------------------------------|------|--------|
| Cash/Bank Account | \$ | /month |
| Boat/RV/ATV | \$ | /month |
| 2 nd home/Equity | \$ | /month |
| Other (stocks, bonds, real property) | \$ | /month |

| Housing Type | | | | | |
|-----------------------------|------------|--|--|--|--|
| Own Private Rental | | | | | |
| Public Housing | Subsidized | | | | |
| Section 8 Share:\$/month | Tenant | | | | |

Disaster-Related Screening Questions

Ask all applicants questions in Sections A, B, and C. Ask <u>HOMEOWNERS</u> questions in Section <u>D</u>. Ask <u>RENTERS</u> questions in Section <u>E</u>.

| | on A. FEMA Have you applied for FEMA disaster benefits? | Y | Ν | N/A |
|---|---|------------------|-------------|-------------------|
| ი | If yes, provide: | | | |
| ۷. | a. Date of application: | | | |
| | b. Date of denial: | | | |
| | b. Date of denial: | | | |
| | | | | |
| 3. | If no, why not? | | | |
| | | | | |
| 4. | If no, do you need help with the application or recertification | Y | N | N/A |
| | for benefits (ex: rental assistance)? | Y | N | NT / A |
| 5. | If yes, were you denied assistance from FEMA? Please give a brief description of reasons for denial: | Y | N | N/A |
| | Do you need help appealing a FEMA denial? on B. Natural Disaster Sales Tax Refund | Y | N | N/A |
| | Have you submitted a claim for a Disaster Sales Tax Refund | Y | N | N/A |
| 1. | from the Louisiana Department of Revenue? | | 1 | 11/13 |
| 2. | If no, do you need help to complete your claim? | Y | N | N/A |
| Secti | on C. Other Disaster-Related Benefits and Problems | | | |
| 1. | Are you having trouble getting approved for any other benefits, like Unemployment or Food Stamps? | Y | Ν | N/A |
| 2. | If yes, what benefits? | | | |
| | Are you having trouble getting wages from your former employer? | Y | Ν | N/A |
| | | V | Ν | N/A |
| | Do you need help replacing lost documents like a Will or a Power of Attorney? | Y | IN | |
| 4. | Do you need help replacing lost documents like a Will or a | Y Y | N N | |
| 4. 5. Secti | Do you need help replacing lost documents like a Will or a Power of Attorney? Are you having family law problems? on D. Homeowner/Property Owner Issues | | | N/A |
| 4. 5. Secti Vere | Do you need help replacing lost documents like a Will or a Power of Attorney? Are you having family law problems? on D. Homeowner/Property Owner Issues you a homeowner at the time of the disaster? If NO→skip ahead to Section E | Y | N | N/A |
| 4. 5. Secti Vere * * | Do you need help replacing lost documents like a Will or a Power of Attorney? Are you having family law problems? on D. Homeowner/Property Owner Issues you a homeowner at the time of the disaster? If NO→skip ahead to Section E If YES→complete the following questions: Have you been having issues with your mortgage company since the disaster? | Y | N | N/A N/A N/A |
| 4. 5. Secti Vere * * | Do you need help replacing lost documents like a Will or a Power of Attorney? Are you having family law problems? on D. Homeowner/Property Owner Issues you a homeowner at the time of the disaster? If NO→skip ahead to Section E If YES→complete the following questions: Have you been having issues with your mortgage company | Y Y | N N | N/A N/A |
| 4. 5. Secti Were * * 1. 2. | Do you need help replacing lost documents like a Will or a Power of Attorney? Are you having family law problems? on D. Homeowner/Property Owner Issues you a homeowner at the time of the disaster? If NO→skip ahead to Section E If YES→complete the following questions: Have you been having issues with your mortgage company since the disaster? | Y Y Y Y | N N N | N/A N/A N/A |

| 5. | Do you need help opening a succession or transferring title to the property so you can get access to recovery/rebuilding resources? | Y | N | N/A |
|---------|---|---|---|-----|
| 6. | Are you having problems with the contractor(s) who you paid to help rebuild your home? | Y | Ν | N/A |
| 7. | Are you having any other homeownership issues because of the disaster? If so, please explain. | Y | N | N/A |
| Secti | on E. Renter Issues | | | |
| Were | you a renter at the time of the disaster? | Y | Ν | N/A |
| If yes: | | | | |
| 1. | Are you facing eviction from your current housing or were you evicted from your pre-disaster housing? | Y | Ν | N/A |
| 2. | Do you need help getting your security deposit from your pre- disaster landlord? | Y | Ν | N/A |
| 3. | Are you being denied FEMA or other disaster benefits because you are a renter of the damaged property? | Y | Ν | N/A |
| 4. | Do you have repair issues in the property you live in now? If you, please explain. | Y | N | N/A |
| 5. | Do you need anything special done in your home to help make it easier for you or a family member with a disability to live there? | Y | N | N/A |
| 6. | Are you having a problem with a housing authority or other subsidized landlord? If so, please explain. | Y | N | N/A |
| 7. | Are you having any other rental issues because of the disaster? | Y | Ν | N/A |

What is the problem with which you would like Southern University Law Center Disaster Relief Clinic to assist you?