

COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC., ("CCLA")
CONSENT AND NOTICE REGARDING ELECTRONIC COMMUNICATIONS
("NOTICE")

Please place your initials in the spaces provide to acknowledgement you have read and that you understand the following disclosures.

1. _____ Electronic Signature Agreement. I understand that by checking the "I Accept" box at the end of this page that I am agreeing to electronically signing all documents relating to my legal issue and for which I have engaged Coast to Coast Legal Aid of South Florida. I agree and understand that my electronic signature is the legal equivalent of my manual signature on documents and I consent to be legally bound by this Notice, the subsequent terms and conditions and any attached documents. I further agree that my use of a key pad, mouse or other device used to agree, acknowledge and consent to the terms, disclosures or conditions, constitutes my signature (hereafter referred to as "E-Signature") as if actually signed by me in writing.

2. _____ Electronic Signature Agreement cont. I also agree that no other certification or third party verification is necessary to validate my E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of my E-Signature or any resulting agreement between myself and CCLA.

3. _____ Consent to Electronic Delivery. I specifically agree to receive and/or obtain any and all CCLA related "Electronic Communications". The term "Electronic Communications" includes, but is not limited to, any and all current and future notices, retainers as well as such other documents, statements, third party authorization forms, records and any other communications regarding my file with CCLA.

4. _____ Paper version of Electronic Communications. To request a paper copy of the Electronic Communication you may contact us at [REDACTED]. If you do not wish to sign these documents electronically contact us at the number provided and let the intake paralegal know that you wish to sign the documents in ink.

5. _____ Revocation of electronic delivery. You have the right to withdraw your consent to receive/obtain Electronic Communications from CCLA.

6. _____ Revocation of Electronic Signature. You have the right to revoke your consent to the use of your electronic signature. Revocation must be made in writing.

To accept and sign the attached document(s), and any future documents, indicate your consent to the terms and conditions of this Agreement by checking the "I Accept" box.

I Accept

It is recommended that you print a copy of this Agreement for future reference.

LSC/January 28, 2022



**APPLICANTS FOR FAMILY LAW SERVICES MUST FIRST ANSWER THESE QUESTIONS
ABOUT THE NEW OR ONGOING FAMILY LAW MATTER:**

NAME: _____ Date _____

1. Are you the victim of domestic/dating/stalking or intimate partner violence? YES NO
2. If so, what is your relationship to the person who committed the violence or crime against you?

3. Are you the victim of any other crime? YES NO

If yes, please explain: _____

4. Do you need one, or do you already have a restraining order/injunction for protection to protect you from opposing party? YES NO

If yes, please explain: _____

5. Do you want legal representation for an upcoming hearing on Injunction/Restraining Order?
YES NO

If yes, did you file for the Injunction? YES NO, I'm the Respondent.

6. Has the opposing party physically harmed you, stalked you, or threatened to harm you?

YES NO

If yes, please explain: _____

7. Have you been served with family law legal papers? YES NO

8. If yes, what type of action were you served with? Divorce Paternity
Injunction

9. Is this a new case, or has it been going on for a while? NEW ONGOING

10. If you weren't served yet, what type of action do you want to file?

Injunction Divorce Paternity

Coast to Coast Legal Aid of South Florida, Inc. is an equal opportunity provider and employer.

**COAST TO COAST LEGAL AID OF SOUTH FL,
INC. APPLICATION FOR SERVICES**

DATE: _____ HOW DID YOU HEAR ABOUT CCLA?

FIRST NAME:

MIDDLE NAME:

LAST NAME:

PREFERRED NAME:

SOCIAL SECURITY NUMBER :

(last 4)

DATE OF BIRTH ____/____/____ Age : ____

PRIMARY LANGUAGE: ENGLISH SPANISH CREOLE OTHER

ADDRESS: _____

Is this a SAFE address to contact you?

YES

NO

Is this address confidential?

YES

NO

SAFE MAILING ADDRESS: _____

Is this a SAFE address to contact you?

YES

NO

EMAIL ADDRESS: _____

Is this a SAFE email address to contact you?

YES

NO

PHONE: _____ (HOME) _____ (CELL) _____)

Are these SAFE phone numbers to call/text you?

YES

NO

EMERGENCY CONTACT NAME: _____

PHONE : _____

OF PEOPLE IN HOUSEHOLD: _____ # OF CHILDREN (UNDER 18): _____

DO YOU WORK? YES NO WHERE DO YOU WORK?

WHAT TYPE OF LEGAL ASSISTANCE DO YOU THINK YOU NEED?

Financial/exploitation

Immigration/Naturalization

Heath care Issues

Foreclosure/Eviction

Credit cards/debt/garnishment

Re-employment (Unemployment)

Injunction for Protection/restraining order

Divorce/custody/paternity

SNAP (Food Stamps)

Medicare

Medicaid

SSI/SSDI

Human Trafficking

Enforcement of civil rights as a victim in a criminal case

Who is the opposing person/company/agency involved in your legal issue?

What is your relationship to the opposing person/company/agency?

Opposing person's DOB. ? (if known)

CITIZENSHIP:

ARE YOU A U.S. CITIZEN?

YES

NO

PERMANENT RESIDENT

YES

NO

GREEN CARD #

DATE OF ISSUE

____/____/____ EXP DATE: ____/____/____

	Weekly	Biweekly	Monthly
Your GROSS salary or self-employment income (before taxes or deductions are taken out):			
Child Support Alimony			
Unemployment Compensation Workers Compensation			
Social Security SSI SSDI			
VA benefits			
Pension			
SNAP (food stamps)			
Other Income (including ongoing (regular) contributions from family, friends, cash gifts)			
Other Household Members' GROSS income			
Do you think your income will change significantly in the future? yes no If so, how? _____			

ASSETS – check and complete all that apply; include current balance

CHECKING ACCT BALANCE \$ _____ SAVINGS ACCT BALANCE? \$ _____
 CAR/MOTORCYCLE VALUE \$ _____ LOAN BALANCE \$ _____
 HOME VALUE \$ _____ MORTGAGE LOAN BALANCE \$ _____
 JEWELRY VALUE \$ _____
 OTHER REAL ESTATE VALUE \$ _____ MORTGAGE LOAN BALANCE \$ _____
 OTHER ASSETS VALUE \$ _____

Is any member of your household a Veteran of the US military? YES NO
 Are you the victim of domestic violence/stalking/dating violence/other violence? YES NO
 Is your legal problem the result of a crime against someone in your household? YES NO
 Are you the caregiver of a minor child that is not your biological child? YES NO
 Are you the caregiver of a household member who is age 60 or older? YES NO
 Are you the caregiver of a disabled adult or disabled minor child? Ar YES NO
 Are you Ryan White certified? YES NO

DEMOGRAPHICS – this section is voluntary and is used for reporting purposes only.

Reports are presented only with demographic information and absolutely no client identifiers. The information will not be used in determining eligibility or level of service.

RACE: _____ **ETHNICITY:** _____ **MARITAL STATUS:** _____

Are you a **Holocaust** survivor? YES NO

GENDER IDENTITY: Check all that apply. Prefer not to answer

Female Male Transgender M to F Transgender F to M Questioning

Gender Nonconforming Additional gender category/identity, please specify

SEXUAL ORIENTATION: Check all that apply.

Prefer not to answer Heterosexual Lesbian Gay Bisexual Questioning

Queer/Pansexual/Omnisexual/Fluid Additional identity not listed

HEALTHCARE:

Do you have ☐ Health Insurance ☐ Medicaid ☐ Medicare ☐ Hospital/clinic financial assistance?

When you are sick, where do you go for care?

_____ Emergency Room/Hospital; Which one? _____

_____ My doctor _____ Urgent Care

_____ Clinic/Family Health Center/Family Health Clinic; Which one? _____

If you do not have healthcare, would you like to speak with someone about healthcare options?

☐ YES ☐ NO

Are you disabled? ☐ YES ☐ NO ☐ Hearing ☐ Vision ☐ Other _____

HIV POSITIVE: ☐ YES ☐ Prefer not to disclose (this may qualify you for additional services)

CCLA may be required to disclose certain information to its funding sources. The types of information currently subject to such disclosure are time records, eligibility records, the client's name, and the general nature of the problem.

The information I have given on this application is TRUE AND CORRECT to the best of my knowledge.

Signature: _____ Date: _____

I am a citizen of the United States.

Signature: _____ Date: _____

Best/LSC/Sept 2019

Family Law Questionnaire
YOU MUST ANSWER EVERY QUESTION COMPLETELY

Your Name _____

What language(s) do you speak and understand? _____ .Do you need an interpreter? Yes No

Why did you come to our office?What is your legal problem?_____

How did you find out about CCLA/Legal Aid? _____

Complete name of opposing party _____

Address of opposing party _____

Opposing party's date of birth _____ Opposing party's gender: _____

Are you married to this person ☐ YES ☐ NO Date and location of marriage _____

Do you live together? ☐ YES ☐ NO Date and location of separation, if any _____

How many children under 18 live in your home? _____ Age(s) of Child(ren) _____

How many of these children were born of this relationship? _____

Were children born during this relationship that are not the opposing parties? ☐ YES ☐ NO

Are you or opposing party currently pregnant/is someone else currently pregnant with your child? ☐ YES ☐ NO

Who is this child's other parent? _____

If not married, has a Judge previously ordered that the opposing party is the parent of your child? ☐ YES ☐ NO

Have you agreed on how to share time with the child(ren)? ☐ YES ☐ NO Please explain : _____

Has the other parent given you child support? ☐ YES ☐ NO Voluntarily? ☐ YES ☐ NO Court Ordered? ☐ YES ☐ NO

How much child support (\$) and how regularly (weekly/monthly)? _____

Have you or the Opposing Party been represented by CCLA/Legal Aid before? ☐ YES ☐ NO

Have you received any legal papers? ☐ YES ☐ NO What is the exact date you got them? _____

Has another attorney helped you with this? ☐ YES ☐ NO What is the attorney's name? _____

Do you have any other family law/domestic violence/support cases now or in the past? ☐ YES ☐ NO

Do you have other court cases or do you expect a court case in the future? ☐ YES ☐ NO Explain: _____

Domestic/Dating/Sexual/Stalking Violence

Do you have an Injunction for Protection/Restraining Order against the Opposing Party? ☐ YES ☐ NO

If so, when is/was the Final Hearing? _____

If you do not have a Restraining Order, are you afraid of this person? ☐ YES ☐ NO

Do you need a Restraining Order? ☐ YES ☐ NO

If yes, do you believe you are in immediate danger? ☐ YES ☐ NO

Have you been a victim of physical abuse, sexual abuse, threats to kill or harm, been stalked or a victim of any other crime by the Opposing Party? ☐ YES ☐ NO Date when the most recent incident occurred? _____

Explain what happened _____

Were the police called? ☐ YES ☐ NO Were there witnesses? ☐ YES ☐ NO Were you injured? ☐ YES ☐ NO

Were photographs or video taken? ☐ YES ☐ NO Was anyone arrested? ☐ YES ☐ NO Who? _____

Have you ever been arrested, charged with a crime, or detained by the police at anytime, anywhere? ☐ YES ☐ NO

Explain: _____

Is there or has there ever been a restraining order **against you**? ☐ YES ☐ NO Explain: _____

Has, or will anyone, accuse **you** of domestic violence? ☐ YES ☐ NO Explain: _____

Has or will anyone accuse **you** of being a danger to yourself or others due to your mental state? ☐ YES ☐ NO

Have **you** ever been Baker Acted? ☐ YES ☐ NO Explain: _____

Does **the opposing party** abuse drugs or alcohol? ☐ YES ☐ NO Explain: _____

Will **you** be accused of drug or alcohol abuse? ☐ YES ☐ NO Explain: _____

Explain what issues you anticipate may be/will be in dispute for your family/divorce/paternity case? _____

Do you currently have a business? ☐ YES ☐ NO What kind of business? _____

How much do you earn from that business? _____ monthly/yearly

If you have no income, how do you pay your bills? _____

Do you or opposing party own, or have you ever owned, a business? ☐ YES ☐ NO

If yes, name of business? _____

How much does the opposing party earn from that business? _____ monthly/yearly

Do you pay for your own health insurance? ☐ YES ☐ NO If yes, how much? _____

Do you pay for your child(ren)'s health insurance? ☐ YES ☐ NO If yes, how much? _____

Do you pay day or aftercare for your child(ren)? ☐ YES ☐ NO If yes, how much? _____

Assets/Debts You OR Opposing Party Have

Real Estate in Florida or anywhere in the world? ☐ YES ☐ NO If yes, describe all property _____

Personal Property? (ex. Cars) _____

Retirement/pension/401(k)? ☐ YES ☐ NO If yes, describe _____

Stocks/bonds/trusts? ☐ YES ☐ NO If yes, describe _____

Do you own anything else of value? ☐ YES ☐ NO If yes, describe _____

Are there debts to divide? ☐ YES ☐ NO If yes, describe _____

If you are married, will you be asking the court for alimony? ☐ YES ☐ NO Please explain : _____

You MUST provide SAFE contact information so we can reach you

Mailing address _____

Does the opposing person know this address? ☐ YES ☐ NO Is this address confidential? ☐ YES ☐ NO

Telephone number SAFE for us to call you and leave a message _____ Can we text you? ☐ YES ☐ NO

Does the opposing person know this number? ☐ YES ☐ NO

Email _____ Does the opposing person know this email? ☐ YES ☐ NO

I have answered all of the above questions thoroughly and truthfully. I may continue my answers on the back.

I retain COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC. (CCLA), for the limited purpose of having them investigate whether they can provide me with representation for the legal problem I am having. I fully understand that if CCLA determines it will not accept my case, the program will not act as my attorney with regard to this matter. If CCLA does agree to accept my case, I will be notified of that fact, and will sign an additional Retainer Agreement.

Applicant Signature

Date

Best Dec 2019



U.S. CITIZENSHIP ATTESTATION FORM

Please check the appropriate box
Por favor, marque la casilla correspondiente
Tanpri tcheke bwat ki apwopriye a

- ☐ I am a citizen of the United States.
- ☐ Yo soy ciudadano de los Estados Unidos de America.
- ☐ Mwen se yon sitwayen ameriken.

Dated/Fecha/Dat: _____ Client Signature/Firma de cliente/ Siyati Kliyan: _____

CLIENT RETAINER AGREEMENT

I, _____, have asked Coast to Coast Legal Aid of South Florida, Inc. (CCLA) for assistance regarding:

I understand that CCLA may provide referral, legal advice, limited legal service, and/or extensive legal service on this matter. If CCLA accepts my case for representation, a CCLA attorney will sign this retainer. I understand CCLA will notify me if my matter is not accepted.

CCLA:

If the above issue is accepted for legal assistance, CCLA:

1. Agrees to treat Client with dignity, courtesy and respect and that all legal assistance will be provided within the guidelines of the Florida Rules of Professional Conduct.
2. Agrees that Client's matter will be kept in strict confidence, except that CCLA may be required to disclose Client's name and other confidential or non-confidential information to third parties who provide funds to CCLA. However, CCLA will not disclose individually identifiable health information protected by the Health Insurance Portability and Accountability Act ("HIPAA") without Client's express consent. The types of information currently subject to such disclosure are time records, eligibility records, Client's name, court case number, and the general nature of the problem.
3. Will notify Client and get Client's agreement to take any significant action regarding the case, such as initiating/filing a case, settling the case, or appearing before any administrative agency or court.
4. CCLA will open a file (electronic and/or paper) for Client and maintain a copy of Client's file for 7 years from the date of closing. CCLA will provide Client with a copy of the file upon request. CCLA will return any original documents provided to CCLA upon Client request, except when CCLA is required to maintain originals in their care and custody, for example, original bankruptcy documents.

CLIENT

If Client's case is accepted, Client:

5. Agrees that the information given to CCLA to establish eligibility for services is true and correct at the time the matter is investigated and/or accepted for legal services. Client understands that CCLA may not continue providing services if information provided to CCLA when determining eligibility is incorrect, or if changes occur which make Client ineligible for services.

6. Agrees to:

- keep all appointments or promptly notify CCLA of the need to change an appointment;
- attend all court hearings;
- be truthful in giving information requested;
- provide all documents necessary for my case;
- tell CCLA if I no longer want to pursue my case/legal problem;
- promptly notify CCLA of any changes in my financial situation and understands that eligibility and representation may end if my household income or assets change;
- promptly notify CCLA of any changes in information about my case;
- promptly notify CCLA of any new developments in my case and any paperwork I receive;
- promptly notify CCLA of any change in address or telephone number, and whether the information is to remain confidential;
- refrain from abusive language and conduct towards CCLA staff.

7. Agrees not to discuss the case with the opposing party, or opposing attorney, without first obtaining permission from the CCLA attorney handling the case. Client agrees to immediately notify CCLA if contacted by the opposing party or opposing party's attorney.

8. Understands that a CCLA attorney, paralegal, volunteers, or interns supervised by a CCLA attorney, may represent or assist me. Client understands that CCLA may refer Client to a pro bono attorney to provide legal services to Client.

9. Understands CCLA will not charge Client for the attorney's work or any staff member's work, but that CCLA may, in some cases, be able to seek fees such as attorney's fees, sanctions, or cost reimbursement to be paid by another party which shall not reduce Client's award. Client agrees to allow CCLA to seek those fees paid by another party and, if awarded fees, CCLA may keep them.

10. Understands that in certain types of cases, CCLA may agree to pay certain litigation expenses, for Client's case. Client understands that Client may be responsible to pay fees and costs such as filing fees, mediation fees, and service fees. Client understands that even if CCLA pays those expenses, Client may be responsible for those fees, costs, and expenses, and agrees to repay CCLA for these expenses, if asked to do so. Client understands a Judge or Court may order Client to pay the opposing party attorney's fees and court costs. If ordered, Client may also be responsible to pay sanctions and other costs.

11. Understands, with regard to Injunction for Protection cases, Florida Statute §57.105 states that if the court finds by clear and convincing evidence that Client knowingly made a false statement or allegation in their Petition, attorney's fees may be awarded to the Respondent, and Client will be personally liable for these fees.

12. Understands that CCLA, as a condition of representation, **may** require Client to deposit rent, homeowner or condominium fees, or mortgage payments into our trust account while a case is

pending or during settlement negotiations. Client further understands that CCLA may seek to withdraw from representation if Client does not comply with this condition.

13. Understands that Client may terminate this agreement anytime by telling the CCLA staff member handling the case, verbally or in writing, that Client no longer wants CCLA's assistance. Client further understands that CCLA may terminate this agreement:

- if, at any time, Client's eligibility status changes,
- if CCLA is not able to communicate with Client,
- if Client does not maintain communication with CCLA and update CCLA with any changes in Client's contact information,
- if Client does not comply with this retainer agreement,
- upon Client's death,
- if Client is abusing drugs/alcohol,
- if Client violates a Court order, or
- for any other reason as permitted by the Florida Rules of Professional Conduct.

14. Understands that Client has the right to file a formal grievance or complaint with CCLA if Client feels she/he/they received ineffective assistance. Client acknowledges she/he/they have been provided a copy of the Grievance Procedure and understands a copy is also available upon request.

15. Understands that CCLA does not agree to help with any other matter not described herein or appeal this case to a higher court. CCLA will consider any other matter or appeal to be a new case. Another matter or appeal of this case will be reviewed for acceptance upon consideration of Client's continued eligibility for services, principles of law and fact involved in the appeal, merits of Client's particular case, office priorities, and program resources.

16. Other: _____

The information I have given in my application is TRUE AND CORRECT to the best of my knowledge. I have read the above retainer policies and agree to apply for legal services pursuant to the terms set out above and will abide by these terms if my case is accepted for legal assistance.

Date

Signature [Please Circle Relationship: Self/Parent/Guardian]

Date

CCLA Staff Member

THIS RETAINER AGREEMENT IS NOT EFFECTIVE UNLESS SIGNED BY AN AUTHORIZED CCLA ATTORNEY.



- Coast to Coast Legal Aid of South Florida, Inc. (CCLA) advised me of agencies handling grievances regarding discrimination in the delivery of services to individuals with disabilities or limited English proficiency, including:

US Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights Section – NYAV
Washington, D.C. 20530-0001
(855) 856-1247
(800) 514-0716 (TTY)

The US Department of Health & Human Services
Office for Civil Rights Southeast Region
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, SW
Atlanta, GA 30303-8909
(800) 368-1019
(800) 537-7697 (TTY)

US Equal Employment Opportunity Commission
131 M Street, NE
Washington, D.C. 20507
(202) 663-4900
(202) 663-4494 (TTY)

Florida Department of Children & Families
Office of Civil Rights
1317 Winewood Boulevard, Building 1, Room 140
Tallahassee, FL 32399-0700
(850) 487-1901 (850) 921-9220 (TTY)

- CCLA advised me they have a Courtesy Policy and will provide me a copy if I request it.
- CCLA advised me they have a Client Rights and Responsibilities Policy and will provide me a copy if I request it.
- CCLA advised me that although there is no charge for their legal services, CCLA gratefully accepts donations. If I would like to make a donation, I may make a check payable to Coast to Coast Legal Aid of South Florida. I will not be denied services or discriminated against in any manner if I decide not to make a donation to CCLA.
- Coast to Coast Legal Aid of South Florida, Inc. offers services to low income residents of Broward County, regardless of race, color, national origin, religion, sex, disability or age. The staff is committed to providing a welcoming, quiet, safe environment in which to utilize CCLA services.
- Coast to Coast Legal Aid of South Florida is an equal opportunity provider and employer. In accordance with federal law and U.S. Department of Justice policy, this organization is prohibited from discriminating on the basis of race, color, national origin, religion, sex, age, or disability. To file a complaint of discrimination, contact or write Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 or call 202-307-0690 (Voice) or 202-307-2027 (TDD/TTY). Individuals who are hearing impaired or have speech disabilities may also contact OCR through the Federal Relay Service at 800-877-8339 (TTY) or 877-877-8982 (Speech), or 800-845-6136 (Spanish). Or contact the Department of Legal Affairs, PL-01 The Capitol, Tallahassee, Florida, 32399, or call 850-414-3300.

Acknowledge receipt:

Signature

Date

January 28, 2022/VOCA/ADRC 22



LEGAL CHECK-UP

NAME:

SAFE PHONE# TO CONTACT YOU

PLEASE CHECK **YES OR NO** AFTER READING EACH QUESTION. YOU MAY DESCRIBE ISSUES IN DETAIL ON THE BACK OF THE PAGE IF NECESSARY

YES/NO:

INTIMATE PARTNER VIOLENCE/FAMILY LAW ISSUES

- Has your intimate partner physically harmed you, stalked you, or threatened to?
- Do you feel you need a restraining order /injunction for protection to protect you from your intimate partner?
- Are you having trouble with the other parent of your child regarding sharing time?
- Do want to file for divorce?
- Have you been served with a Petition for divorce or paternity?
- Do you need help enforcing a current family law order such as an injunction for protection, child support, or time-sharing?
- Do you need a referral for childcare?
- Would you like a referral to a certified domestic violence center for counseling, safety planning and other services?

Other Family Law Issue:

HOUSING ISSUES

- Are you struggling or at risk of being unable to pay your mortgage payments, rent, condo or homeowner association payments, or to pay property taxes on your home?
- Would you like information regarding loan modifications of your home mortgage or available assistance with such payments?
- Do you need information about possibly terminating your lease early due to safety concerns?
- Has your landlord sent you any written notices terminating your tenancy, or threatened to evict you?
- Have you received a notice terminating your subsidized housing?
- Have you received a notice from a condominium association that your landlord is not paying condominium fees?
- Has your landlord turned off your utilities or locked you out of your home?
- Is your rental home in very bad condition (ie. no water, no air conditioning, excessive mold)?
- Do you need assistance with Utilities Shut Off (FPL/Water/Gas)?
- Would you like to be informed via email or US Mail about public housing waitlists as they become available?

Other Housing Issue:

IMMIGRATION

- Are you a victim of violence who needs assistance with your immigration status?
- Are you a lawful permanent resident who is interested in becoming a U.S. citizen?

Other Immigration Issue:

BENEFITS/HEALTH

- Did you recently become unemployed and/or apply for unemployment compensation benefits?
- Do you have a disability for which you believe you are entitled to public benefits?
- Do you need assistance with Food Stamps?
- Do you need assistance with Medicaid/Medicare?
- Do you need assistance with SSI/Social Security Disability?
- Do you need assistance with TANF/Cash Assistance?
- Do you have health insurance?
- Do you need health insurance?

Other Benefits or Health Issue:

OTHER

- Do you need access to food?
- Do you need access to clothing?
- Do you need access to GED/Training/Technical Training/College/Certificate Courses?
- Is your child having any of the following problems in school: behavior, suspensions/expulsions, academic, in need of special services or special education?
- Do you need to apply for a driver's license or has your license been suspended?
- Do you have a Federal Income Tax problem with the IRS?
- Do you have a criminal case that you would like expunged from your record?
- Do you need a correction made to your credit report to remove wrongfully reported debt?
- Do you need any FEMA assistance related to recent hurricanes?

Other Civil Legal Issue:

Signature:

Date: