



SUPPLEMENTAL INTAKE

Case ID# _____

Office _____

- ☐ Applicant is seeking legal assistance to obtain governmental benefits for low-income individuals and their families; or
- ☐ Applicant is seeking legal assistance to obtain or maintain governmental benefits for persons with disabilities; or
- ☐ Based on one or more the following documented factors, CRLA has determined that the applicant be considered financially eligible. Record or attach documentation in file.
- | | |
|---|---|
| <input type="checkbox"/> Current income prospects are limited or income varies seasonally; | training, or educational activities in preparation for employment; |
| <input type="checkbox"/> Unreimbursed medical expenses and medical insurance premiums; | <input type="checkbox"/> Non-medical expenses associated with age or disability; |
| <input type="checkbox"/> Fixed debts and obligations [some examples: mortgage, rent, child support, unpaid taxes from prior years]; | <input type="checkbox"/> Current taxes [some examples: income taxes, Social Security or Medicare taxes, local property taxes]; or |
| <input type="checkbox"/> Expenses such as dependent care, transportation, clothing and equipment expenses necessary for employment, job | <input type="checkbox"/> Other significant factors that CRLA has determined affect applicant's ability to afford legal assistance |

☐ **DOMESTIC VIOLENCE – EXCLUDE INCOME/ASSETS OF ALLEGED ABUSER**

Document that an applicant is a victim of domestic violence, so that CRLA considers only the assets and income of the applicant and members of the applicant's household other than those of the alleged perpetrator of domestic violence and has not included any assets held by the alleged perpetrator of the domestic violence, jointly held by the applicant with the alleged perpetrator of the domestic violence, or assets jointly held by any member of the applicant's household with the alleged perpetrator of the domestic violence. (Documentation may be file notes.)



☐ **NO INCOME LIMIT:** Applicant is seeking legal assistance to maintain benefits provided by governmental program for low-income individuals or families.

☐ **WAIVER OF INCOME LIMIT for Medical or Nursing Home Expenses [no income limit]**

Applicant's income is primarily committed to medical or nursing home expenses.

Excluding the portion of applicant's income which is committed to medical or nursing home expenses, applicant would otherwise be financially eligible for LSC-funded assistance.

Attach documentation of income and expenses. Executive Director/designee approval required.*

☐ **WAIVER OF ASSET LIMIT:** The Executive Director or his designee can waive assets ceilings for specific applicants under unusual circumstances.

Attach statement and documentation of unusual circumstances. Exe.Dir/designee approval.*

Approved by Directing Attorney

Date

*Approval by Executive Director or Designee Required