

WASHINGTON LEGAL CLINIC FOR THE HOMELESS

Name _____ Last 4 of SS# _____ D.O.B. _____

Mail and/or e-mail _____

Phone numbers _____

Alternate contacts/ phone #s _____

Is this the first contact with WLCH on this matter? If not, who was previous interviewer? Please log this client into the log book.

Brief description of the problem: (attach additional notes if necessary)

Issue areas: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Cash benefits (circle: SSI, SSDI, IDA, TANF, POWER, GAC, grandparents) | <input type="checkbox"/> Conditions/ Repairs (Shelter & Housing) | <input type="checkbox"/> Civil suits (small claims, torts) |
| <input type="checkbox"/> Identification | <input type="checkbox"/> Discrimination/ Disability Rights | <input type="checkbox"/> Consumer (bankruptcy, credit) |
| <input type="checkbox"/> Food (FS, WIC, or emergency food) | <input type="checkbox"/> Emergency Rent/ Utility Assistance | <input type="checkbox"/> Criminal/police |
| <input type="checkbox"/> Medical/ Medicaid/Medicare/Alliance | <input type="checkbox"/> Housing benefits (Public housing, §8, subsidy) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Mental Health services | <input type="checkbox"/> Landlord and Tenant | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Taxes (EITC) | <input type="checkbox"/> Personal property | <input type="checkbox"/> Family law |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Shelter, Transitional, or Supportive Housing | <input type="checkbox"/> Immigration |
| | <input type="checkbox"/> Wrongful eviction | <input type="checkbox"/> Probate (Wills) |

Conflict check:

Potential opposing parties (write in agency or person's name):

DC Govt. _____ Fed. Govt. _____ Person _____ Org./Business _____

Are there other potential conflicts? (review previous or current litigation) _____

Plan of action: (attach additional notes if necessary or use back of form)

Case plan:

- The interviewer provided **information, advice or referral only. No case is opened.**
- The interviewer will **follow up** on the case. **The case is pending** until it is determined whether a conflict exists and whether the case is one with which we can assist. This intake interview is confidential, but case information will be shared with WLCH attorneys for guidance. The next steps are:
 - Sign all necessary releases.
 - Interviewer will complete a conflict check with interviewer's employer and WLCH. (Send form to WLCH: fax #: (202) 328-5515.)
 - If no conflict and after case counseling with WLCH, interviewer and client may sign a retainer agreement.
 - Make a plan or appointment to stay in touch: _____

Interviewer: _____ Phone Number: _____ Intake Site: _____ Date: _____

The client and WLCH should receive a copy of this form immediately.

WHITE = WLCH YELLOW=VOLUNTEER PINK=CLIENT

If the client is dissatisfied with WLCH's handling of this matter he or she can call the Executive Director of WLCH at (202) 328-5500. WLCH's services are **free**. However, sometimes there are costs related to your matter, such as court costs or filing fees. We will discuss payment of such fees before going forward.