



**JEFFERSON COUNTY OFFICE FOR THE AGING  
LEGAL SERVICES INTAKE SCREENING FORM**

JCOFA Staff:

Date:

1. Is client income eligible? (125% of FPL, \$15,950 annually for a single person, couple: \$21, 550)

YES: NO:

2. If not eligible for OFA legal services, community resource referral(s):
- Agency (s)
  - Private Practice:
  - Attorney General's Office
  - Brief explanation for referral:

**If eligible, fill out the following questions:**

3. US Citizen: YES: NO:
4. Does client live in Jefferson County year-round? YES: NO:

5. Priority Issues (check all that apply):

- Financial Neglect/Public Benefits**
  - Financial exploitation:
  - Social Security Disability/SSI:
  - Unemployment Benefits:
- Discrimination**
  - Age discrimination:
  - Housing:
  - Employment:
  - Credit:

c. **Health/Long-Term Care**

- i. Medicare:
- ii. Medicaid:
- iii. Insurance Issues:

d. **Consumer and Debt Problems**

- i. Collections:
- ii. Contracts/Warranties:
- iii. Taxes:
- iv. Loans/Installment Purchases:

6. **Client Name: Last Name** **MI** **First Name:**

7. **Street Address:**

**City/Town & Zip:**

8. **Veteran:** YES: NO:

9. **Gender:** Male: Female: Other:

10. **Telephone Number:** ( ) ( )

11. **Email Address:**

12. **Date of Birth:** (MM/DD/YR): **Age:**

13. **Social Security Number (last four digits):**

14. **Speaks English:** [ ] Yes [ ] No  
If no, specify other language spoken:

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Does applicant need to use the Language Line Services? [ ] Yes [ ] No

15. **Does client need hearing assistance services?** YES: NO:

16. **Brief explanation of why client is requesting legal services:**

17. **Applicant's Signature: Date:**

18. **Staff Signature:**  
**Date:**

**To qualify for Legal Services, the client must:**

- **Be a US Citizen**
- **Reside in Jefferson County year-round**
- **Assets are considered, and client must be low-income**
- **No referrals for divorce, separation, visitation, custody, alimony, family violence or fee generating cases**