



Application for Legal Assistance

1. What Brought You Here. (Please print clearly).

Date: _____

Briefly state your legal issue: _____

Are you (or have you been) represented by an attorney in this matter? If so, who? _____

How did you find out about this free legal clinic? _____

2. Basic Information About You.

Please state your full name:		For office use only-ID Check ____
Other names you go by or have used in the past:		
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Marital Status: <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Last four digits of your Social Security Number: XXX-XX-____ ____ ____ ____		

<u>Citizenship status does not affect services provided by Houston Volunteer Lawyers</u>	<p><u>U.S. Citizenship Status:</u></p> <p><input type="radio"/> I am a citizen of the United States. Signature: _____ Today's Date: _____</p> <p><input type="radio"/> I am NOT a U.S. Citizen, but I am a Legal Permanent Resident (Green Card Holder)</p> <p><input type="radio"/> Other Immigration Status (e.g., DACA or Special Immigrant Juvenile Status) If so, what? _____</p> <p><input type="radio"/> Undocumented</p>
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Cell Phone: (____) ____-____	Home Phone: (____) ____-____	Email:
Do we have permission to text you? Normal data rates will apply. <input type="radio"/> Yes <input type="radio"/> No		
Current Mailing Address: _____		
City: _____	State: _____	Zip: _____
Is it safe to use this mailing address to communicate with you about your case? <input type="radio"/> Yes <input type="radio"/> No		
County in which you currently live:		

If your mailing address is not safe, provide a safe contact address:

Safe Mailing Address: _____

City: _____ State: _____ Zip: _____

What is your living arrangement (mark one)? Own a home Rent Live with relative/friend
 Homeless Shelter Other _____

How would you prefer to be contacted (mark one)? Home Phone Cell Phone Email

How would you prefer to receive written materials (mark one)? Email U.S. Mail

What is your race (mark one)? Caucasian African-American Hispanic
 Asian Native American Middle Eastern Other

Is English your first language? Yes No Preferred language: _____

How comfortable are you talking about your case in English? Very Well Well Not Well Not at all

Are you disabled? Yes No Do you identify as LGBTQ? Yes No Prefer Not to Answer

Are you currently a student (K-12, College, Grad School, Vocational, etc.)? Yes No

Have you or your child received treatment from Texas Children's Hospital (TCH) within the past year? *This includes any TCH location, including the Medical Center, West Campus (Katy), The Woodlands, a Texas Children's Pediatric Clinic, or Mobile Clinic.* Yes No

Were you affected by Hurricane Harvey? Yes No. If Yes, how? _____

Are you a U.S. veteran? Yes No Are you the spouse/surviving spouse of a U.S. veteran? Yes No

Please mark your branch of service: Army Navy Air Force Marine Coast Guard

What discharge did you receive (e.g., Honorable, General, OTH)? _____

Have you been the victim of domestic violence (reported or unreported)? Yes No

If you have been the victim of domestic violence, does the abuser live with you? Yes No

3. Household Information. Please list every person you consider part of your household.

Full Name	Relationship	Birthdate	In High School
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Full Name	Relationship	Birthdate	In High School
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

For anyone in your household who is not your spouse or child, is there a court order in place that requires you to care for them? Yes No

4. Income. Provide the total MONTHLY BEFORE TAX earnings/income received by any person in your household. If you & no one else in your household have that income, check the box in the last column.

Type of Income	Amount you earn/receive:	Amount someone else in my household earns/receives:	Name of household member who gets it:	I don't have this income & no one in my household has it (check box)
Wages/Job(s)	\$ _____	\$ _____	_____	<input type="checkbox"/>
Your hourly rate?	_____	On average, hours a week worked?	_____	
Child Support (amount received)	\$ _____	\$ _____	_____	<input type="checkbox"/>
Pension/Retirement	\$ _____	\$ _____	_____	<input type="checkbox"/>
SSI	\$ _____	\$ _____	_____	<input type="checkbox"/>
Social Security (specify)	\$ _____	\$ _____	_____	<input type="checkbox"/>
VA Benefits	\$ _____	\$ _____	_____	<input type="checkbox"/>
TANF	\$ _____	\$ _____	_____	<input type="checkbox"/>
Food Stamps	\$ _____	\$ _____	_____	<input type="checkbox"/>
Unemployment	\$ _____	\$ _____	_____	<input type="checkbox"/>
Workers Compensation	\$ _____	\$ _____	_____	<input type="checkbox"/>
Cash/Gifts from friends or family	\$ _____	\$ _____	_____	<input type="checkbox"/>
Rental Income/Royalties	\$ _____	\$ _____	_____	<input type="checkbox"/>
Private Disability	\$ _____	\$ _____	_____	<input type="checkbox"/>
Alimony	\$ _____	\$ _____	_____	<input type="checkbox"/>
Scholarship (amount to you only)	\$ _____	\$ _____	_____	<input type="checkbox"/>
Gambling	\$ _____	\$ _____	_____	<input type="checkbox"/>
Trust/Interest/Dividends	\$ _____	\$ _____	_____	<input type="checkbox"/>
Other (specify)	\$ _____	\$ _____	_____	<input type="checkbox"/>

5. Expenses. Monthly expenses paid by any person in your household.

Rent/Mortgage	\$ _____	Home/Renters Insurance	\$ _____
Child Care	\$ _____	Property Taxes	\$ _____
Unreimbursed Medical	\$ _____	Child Support (amount paid)	\$ _____
Car Payments	\$ _____	Car Insurance	\$ _____
Transportation for Work	\$ _____	Student loans	\$ _____
Disability-related expenses	\$ _____	Age-related expenses	\$ _____
Other Loans (specify)	\$ _____		

Do you have any reason to believe that your household income is likely to substantially change in the near future? Yes No If yes, when and how so?

6. Assets. Please estimate the value of all assets held by any person in your household.

Type of Asset:	Whose name(s) is it in?	Estimated Value:	Amount owed:	No one owns this:
House	_____	\$ _____	\$ _____	<input type="checkbox"/>
Land/Other House(s)	_____	\$ _____	\$ _____	<input type="checkbox"/>
401(K)/Pension/IRA	_____	\$ _____	\$ _____	<input type="checkbox"/>
Cash (wallet & at home)	_____	\$ _____	\$ _____	<input type="checkbox"/>
Checking Account(s)	_____	\$ _____	\$ _____	<input type="checkbox"/>
Savings Account(s)	_____	\$ _____	\$ _____	<input type="checkbox"/>
Stocks/Bonds/CDs/Mutual Funds	_____	\$ _____	\$ _____	<input type="checkbox"/>
Other Financial Accounts	_____	\$ _____	\$ _____	<input type="checkbox"/>
Other (describe)	_____	\$ _____	\$ _____	<input type="checkbox"/>

Personal Property: If you sold everything in your home, right now, how much would you get? \$ _____

Vehicles: Provide information about all vehicles, motorcycles, boats, RVs, etc. in your household (ask for more paper if you have more than 3). I don't have a vehicle and neither does anyone else in my household, OR

Year, Make, & Model	Whose name(s) is it in?	Estimated Value	Amount owed, if any	Is the vehicle used for transportation?
_____	_____	\$ _____	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	\$ _____	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	\$ _____	\$ _____	<input type="radio"/> Yes <input type="radio"/> No

7. About your legal problem.

Who are you having problems with (opposing party's name)?	
What is your relationship to them (e.g., spouse, tenant, customer)?	
Opposing Party's Mailing Address: _____	
City: _____ State: _____ Zip: _____	
Last four digits of opposing party's social security number: XXX-XX-____ ____ ____ ____	Opposing party's birth date:
Have you been served with any court documents? <input type="radio"/> Yes <input type="radio"/> No	If yes, case #?
Do you have any upcoming hearing dates? <input type="radio"/> Yes <input type="radio"/> No	If yes, when?
Do you have a deadline to respond or answer? <input type="radio"/> Yes <input type="radio"/> No	If yes, by when?
Is opposing party represented by an attorney? <input type="radio"/> Yes <input type="radio"/> No	If yes, who?

ACKNOWLEDGEMENT OF NO REPRESENTATION

I understand and acknowledge that I am **NOT** a client of Houston Volunteer Lawyers and that I am **NOT** represented in any matter as a result of the information I have provided in this application. I further understand and acknowledge that my provision of information to Houston Volunteer Lawyers to determine my eligibility for services does not, by itself, mean that Houston Volunteer Lawyers cannot help other people who might be adverse to me.

SIGNATURE: _____

DATE: _____

VERIFICATION OF INFORMATION

I verify that the financial information in this application is true and correct. I further understand and acknowledge that Houston Volunteer Lawyers may terminate services at any time upon learning that I made false or misleading statements in this application or while discussing the facts of my case with any Houston Volunteer Lawyers staff or volunteers.

SIGNATURE: _____

DATE: _____

VOLUNTEER RECRUITMENT

I authorize Houston Volunteer Lawyers to share information about my case with potential volunteers for the purpose of trying to find me legal representation.

SIGNATURE: _____

DATE: _____

AUTHORIZATION TO SHARE INFORMATION

I AGREE / DO NOT AGREE (mark one) that Houston Volunteer Lawyers may share the information contained in this application with other legal service providers for the purpose of helping me find legal representation.

SIGNATURE: _____

DATE: _____

For HVL Office Use Only:

5.A. Income Eligible Yes No 5.B. Income Exception (allows 125%-200%) Yes No
7.A. Asset Eligible Yes No 7.B. Asset Waiver (excess assets combined w/ income) Yes No
1. Citizenship Attestation Signed & Dated Yes No

Intake Location: _____

HVL Staff (name & #): _____

Date: _____

Interpreter: _____

Houston Volunteer Lawyers is here to help. To serve you as best we can, we need your cooperation. Here is a list of what we expect from you. If you do not meet these expectations, we have the right to immediately close your file and cease any further services. If you have questions, please ask us to explain.

1. We expect you to conduct yourself appropriately when interacting with our staff and volunteers. This means being considerate and following instructions. Examples of inappropriate conduct include profanity, speaking in a raised voice, intoxication, threats, harassment, and any actual or threatened physical or verbal abuse.
2. We expect you to respect the time of your volunteer lawyer, who is donating valuable time to help you while also handling many other matters. One way to do this is to write down questions you have about your case and schedule a call or meeting with your volunteer lawyer to discuss them, rather than calling your volunteer lawyer every time you think of a question.
3. We expect you to do what you say you are going to do. For example, keep scheduled appointments and phone conferences. If you will be unable to make an appointment or phone call, notify the people involved as soon as you know that you will not make it. If we cannot rely on you, we will not be able to help you. Similarly, if we ask you to provide documents or information, we expect you to follow through and to let us know as soon as possible if you will be unable to do so.
4. We expect you to notify Houston Volunteer Lawyers immediately if:
 - a. You find legal services elsewhere (through another provider or attorney).
 - b. Your contact information changes.
 - c. You get a job, change jobs, or lose your job.
 - d. Your living arrangements or other circumstances change in any way that may affect your household income or legal issue. This includes pregnancy.
5. We expect you to communicate your needs to our staff and volunteers as quickly as possible, understanding that we may not be able to satisfy last minute requests.
6. Although our program can connect you with a lawyer volunteering their time, we do not control costs set by others, including court filing fees, constable costs, witness fees, copy costs, or the fees of professionals appointed by a court to provide services in your case. If these or other similar costs arise in your case and cannot be waived, you will be responsible for paying them.

You have the right to call Houston Volunteer Lawyers at any time. You have the right to present concerns you have to the Executive Director of Houston Volunteer Lawyers. If the Executive Director does not adequately address your concerns, you have the right to present your concerns to the Chair of the Board of Directors of Houston Volunteer Lawyers.

SIGNATURE: _____

DATE: _____

DISABILITY UNIT SUPPLEMENT

The following information is needed to process your application for legal assistance. To expedite our evaluation process and service to you, please fill out all the forms completely and attach the necessary documentation. **Do not unstaple the eligibility application. Please attach the following:**

- Proof of Identification (ex: copy of your un-expired Driver’s License or ID, Employee Picture ID, Metro Picture ID, Social Security Card, passport, Student Picture ID, etc.)
- &
- Proof of your residence (ex: copy of your current lease or a copy of a utility bill that is not more than 30 days old.)
- &
- Proof of all available income (ex: copy of your SSI or Social Security Disability statement, a copy of your last paycheck or check stub.) You must also provide documentation of each income source listed in the application.
- &
- Signed physician’s statement.

Household:

Number of Adults:	Number of Children:
Total number of people in household who are HIV +:	

Residence:

Is your current residence a permanent residence for you? <input type="radio"/> Yes <input type="radio"/> No
Do you have a housing plan? <input type="radio"/> Yes <input type="radio"/> No

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Client Name *(please print)*

Client Signature

Date

The above certification expires one year after the date signed and must be renewed for continued services.

Client Consent – Release of Information for Data Sharing via HMIS

The Homeless Management Information System (HMIS) serves the Houston/Harris County Continuum of Care (CoC), a group of partner agencies working together to provide services to individuals and families in the Houston area who are homeless or at risk of becoming homeless.

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

- The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance.
- This authorization will remain in effect for 12 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following information will not be shared with any HMIS partner agencies via the HMIS computer system.
 1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
 2. Domestic violence information, such as abuse history, abuser information, trauma information.
 3. Behavioral health information, such as substance and alcohol abuse and mental illness information.
 4. Clients supportive services contacts, medication information and case notes.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies.

By signing this form, I agree to share the following level of information with other HMIS partner agencies via the HMIS computer system:

- 1) I agree to share my [name (First, Middle, Last), client gender, program enrollment and exit dates] information via the HMIS system with other HMIS partner agencies.
- 2) I agree to share my [name (First, Middle, Last), client gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous information, contacts information] information via the HMIS system with other HMIS partner agencies.
- 3) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system.

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Client Name (please print)

Client Signature

Date

CONSENT FOR RELEASE/EXCHANGE OF INFORMATION TO VERIFY ELIGIBILITY FOR SERVICES

I authorize **Houston Volunteer Lawyers** to exchange information regarding my HIV status, my need for and/or eligibility for services with the agencies identified below. This authorization is valid unless I have specifically removed an agency by drawing a line through it and placing my initials next to it on the list. This exchange of information is for the purpose of facilitating my access to community resources and/or services. I understand that this consent shall expire and must be re-obtained one year from the date this consent is signed. A photographic copy of this authorization shall be considered as effective and valid as the original.

- | | | |
|-------------------------------------|--|---------------------------------------|
| AAMA | Harris County CDC | New Hope Counseling Center |
| | Harris Health System | Operation ID |
| Access Care of Coastal Texas (ACCT) | His Touch Ministries | River Oaks Health Alliance |
| AIDS Foundation Houston | HOME Project | San Jacinto Apartments |
| Alternate Resources | Homeless Coalition of Houston/Harris Co. | Social Security Administration |
| American Red Cross | HOPWA funded agencies | Star of Hope Mission |
| Baylor College of Medicine | Housing Opportunities For PWAs | St. Hope Foundation |
| Bering Omega Community Services | Houston Area Community Services | Texas Children's Hospital |
| Bread of Life | Houston Volunteer Lawyers | Texas Dept. Of State Health Services |
| Brentwood Project WAITT | LBJ Hospital | Texas Rehabilitation Commission |
| A Caring Safe Place | Legacy Community Health Services | Texas Workforce Commission |
| Casa, A Special Hospital | The Life Center | Thomas Street Health Center |
| Christian Community Service Center | Lifeline/Link up America | TLC House |
| City of Houston | Memorial Hermann Hospital System | Triangle Aids Network |
| Corder Place Apartments | Metro | UT Department of OB/GYN |
| Covenant House Texas | MHMRA of Harris County | UT Department of Pediatrics |
| Catholic Charities AIDS Ministry | Montrose Center | VA Medical Center |
| Family Houston | | Windsor Village Social Services Dept. |

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Client Name *(please print)*

Client Signature

Date

HIV CONFIDENTIALITY RELEASE

Houston Volunteer Lawyers understands and respects the confidentiality of all information shared between our applicants and HVL. In this regard, we do not disclose confidential information to any third party without our applicant's consent.

In addition to being protected by the usual attorney-client privilege, information regarding an applicant's HIV-positive status is also protected by state law.

In order to better serve you, we ask your permission to disclose information regarding your identity, your HIV-positive status, and your need for and/or eligibility for services to all staff members of Houston Volunteer Lawyers, as well as volunteer attorneys and their staff who may work on your case, and to your case manager/agency, if and when necessary, in connection with your legal matter.

CONSENT

I hereby willingly give my consent for the release of my HIV-positive status information to all staff members of Houston Volunteer Lawyers as well as volunteer attorneys and their staff who work on my case as well as to my case manager in connection with the legal services to be rendered on my behalf. This consent is valid for one year from the date written below and only during my representation by Houston Volunteer Lawyers and its volunteer attorneys. I have been provided with a copy of this form and the Client Bill of Rights.

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Client Name *(please print)*

Client Signature

Date

ATTENTION!

COMPLAINT PROCEDURES:

Certain services at this agency are funded by HOPWA funds, administered by The City of Houston. To file a complaint with this agency, please contact:

Veronica F. Jacobs
Legal Services Director / Staff Attorney
(713) 228-0735, Ext. 120

By contract, this agency is required to maintain a client complaint procedure. If you have any questions on how to file a complaint with this agency regarding a HOPWA funded service, call for instructions above. If your complaint remains unresolved after you have followed all procedures with this agency, you will receive information to inform you regarding filing a formal grievance with the appropriate funding source:

Housing & Community Development
2100 Travis Street, 9th Floor, Houston, Texas 77002
(832) 394-6124

State Bar of Texas
1-800-932-1900 (Toll Free)

I have received the complaint procedures and fully understand them.

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Client Name *(please print)*

Client Signature

Date

ATTENTION!

COMPLAINT PROCEDURES:

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2100 Travis Street, 9th Floor, Houston, Texas 77002
(832) 394-6124

State Bar of Texas
1-800-932-1900 (Toll Free)

This copy is provided for your records.