School of Law

ZAGA

ERSITY

UNI

ADDRESS (include city & zip code):	Community Justice Project - Elder	Law Clinic Supervising At	ttorney: Genevieve Mar	nn, J.D., M.S.W.
AKA, e.g. maiden name:	NAME:	POUSE:	USE:	
EMAIL: TELEPHONE NUMBER(S): SEX:	AKA, e.g. maiden name:			
VETERAN STATUS: DISABLED: PREVIOUS CLIENT: () Veteran () Yes () No () Spouse of a Veteran () No () No RACE/ETHNICITY: MARITAL STATUS: LIMITED ENGLISH SPEAKING: () White () Married () Yes () White () Married () Yes () White () No () Yes () African American () Divorced () Adirica American () Divorced () Asian () Widowed () Own Car () Family/Friend () Eastern European () Widowed () No Transportation () Mixed Heritage/Other () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:				
VETERAN STATUS: DISABLED: PREVIOUS CLIENT: () Veteran () Yes () No () Spouse of a Veteran () No () No RACE/ETHNICITY: MARITAL STATUS: LIMITED ENGLISH SPEAKING: () White () Married () Yes () White () Married () Yes () White () No () Yes () African American () Divorced () Adirica American () Divorced () Asian () Widowed () Own Car () Family/Friend () Eastern European () Widowed () No Transportation () Mixed Heritage/Other () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:	EMAIL:	TELEPHONE NUMBE	ER(S):	
() Veteran () Yes () Yes () No RACE/ETHNICITY: MARITAL STATUS: LIMITED ENGLISH SPEAKING: () White () Married () Yes () White () Married () Yes () White () Married () Yes () African American () Divorced () Asian () Widowed () Own Car () Family/Friend () Asian () Widowed () Own Car () Family/Friend () Eastern European () Widowed () Own Car () Family/Friend () Eastern European () Widowed () Own Car () Family/Friend () Eastern European () Widowed () Own Car () Family/Friend () Beastern European () Widowed () Own Car () Family/Friend () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month: () Social Security Disability/Social Security Retirement Amount per month: () Veterans' Benefits Amount: Amount per month: Asset: Amount: Asset: Amount: REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING	SEX:BIRTH	I DATE:SPO	DUSE'S BIRTH DA	ТЕ:
() Veteran () Yes () Yes () No RACE/ETHNICITY: MARITAL STATUS: LIMITED ENGLISH SPEAKING: () White () Married () Yes () Hispanie () Never Married () No () African American () Divored () African American () Divored () Asian () Widowed () Own Car () Family/Friend () Asian () Widowed () Own Car () Family/Friend () Asian () Widowed () Own Car () Family/Friend () Eastern European () Separated MEANS OF TRANSPORTATION: () Asian () Widowed () Own Car () Family/Friend () Eastern European () Widowed () Own Car () Family/Friend () Eastern European () Widowed () Own Car () Family/Friend () Eastern European () Widowed () Own Car () Family/Friend () Mixed Heritage/Other () Senior Housing () Nursing Home () Renter () Adult Family Home () Senior Housing () Nursing Home () Renter NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month: () Nettrement/Pension Amount per month: () Veterans' Benefits Amount: Amount per month: Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING	VETERAN STATUS:	DISABLED:	PREVIOUS CL	JENT:
() Spouse of a Veteran () No () No RACE/ETHNICITY: MARITAL STATUS: LIMITED ENGLISH SPEAKING: () White () Married () Yes () Hispanic () No () No () African American () Divorced () Native American () Separated MEANS OF TRANSPORTATION: () Asian () Widowed () Own Car () Family/Friend () Eastern European () Senior Transportation () Mixed Heritage/Other () Senior Transportation () Home Owner () Senior Housing () Nor Transportation () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:	() Veteran		() Yes	
() White () Married () Yes () Hispanic () Never Married () No () African American () Divorced () Native American () Separated MEANS OF TRANSPORTATION: () Asian () Widowed () Own Car () Family/Friend () Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:	() Spouse of a Veteran	() No	() No	
() Hispanic () Never Married () No () African American () Divorced () Native American () Separated MEANS OF TRANSPORTATIONS () Asian () Widowed () Own Car () Family/Friend () Asian () Widowed () Own Car () Family/Friend () Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () Mixed Heritage/Other () Senior Transportation LIVING ARRANGEMENT: () No Transportation () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:	RACE/ETHNICITY:	MARITAL STATUS:	LIMITED ENG	LISH SPEAKING:
() Hispanic () Never Married () No () African American () Divorced () Native American () Separated MEANS OF TRANSPORTATIONS () Asian () Widowed () Own Car () Family/Friend () Asian () Widowed () Own Car () Family/Friend () Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () Mixed Heritage/Other () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:	() White	() Married	() Yes	
() African American () Divorced () Native American () Separated MEANS OF TRANSPORTATION: () Asian () Widowed () Own Car () Family/Friend () Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:		() Never Married	() No	
() Native American () Separated MEANS OF TRANSPORTATION: () Asian () Widowed () Own Car () Family/Friend () Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () Mixed Heritage/Other () Senior Transportation () Mixed Heritage/Other () Senior Transportation () Home Owner () Senior Housing () No Transportation () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD:				
() Asian () Widowed () Own Car () Family/Friend () Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () Home Owner () Senior Housing () Nor Transportation () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month:			MEANS OF TR	ANSPORTATION:
() Eastern European () Public Transportation () Mixed Heritage/Other () Senior Transportation () No Transportation () Adult Family Home () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD:		· / -		
() Mixed Heritage/Other () Senior Transportation () Home Owner () Senior Housing () No Transportation LIVING ARRANGEMENT: () Norsing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month:		()		-
() No Transportation LIVING ARRANGEMENT: () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING?: (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month: () Social Security Disability/Social Security Retirement Amount per month: () Veterans' Benefits Amount per month: LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investmeter.) Asset: Amount: Asset: Asset: Amount: Amount: REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING				
LIVING ARRANGEMENT: () Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD:	() Minica Heritage, Other			
() Home Owner () Senior Housing () Nursing Home () Renter () Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month:	LIVING ARRANGEMENT	•	() no mansport	
() Adult Family Home () Licensed Boarding Home() Homeless () Other NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN: TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month:			Nursing Home () Renter
NUMBER IN HOUSEHOLD: NUMBER OF LIVING CHILDREN:				
TOTAL MONTHLY INCOME: YOURS: \$ SPOUSE: \$ ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month: () Social Security Disability/Social Security Retirement Amount per month: () Retirement/Pension Amount per month: () Veterans' Benefits Amount per month:	() Haalt Falling Home	() Electised Bounding Home()	() o ther
ARE YOU RECEIVING ANY OF THE FOLLOWING? : (Check all that apply) () Supplemental Social Security Income (SSI) Amount per month:	NUMBER IN HOUSEHOL	D: NUMBER	OF LIVING CHIL	DREN:
() Supplemental Social Security Income (SSI) Amount per month: () Social Security Disability/Social Security Retirement Amount per month: () Retirement/Pension Amount per month: () Veterans' Benefits Amount per month: LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investmetc.) Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Amount: Asset: Amount: Asset: Amount: Amount: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING	TOTAL MONTHLY INCO	ME: YOURS: \$	SPOUSE: \$	
() Social Security Disability/Social Security Retirement Amount per month: () Retirement/Pension Amount per month: () Veterans' Benefits Amount per month: LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investme etc.) Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING	ARE YOU RECEIVING AN	Y OF THE FOLLOWING? : (Check all that apply)	
() Retirement/Pension Amount per month: () Veterans' Benefits Amount per month: LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investme etc.) Asset: Asset: Amount: Asset: Amount: REFERRAL SOURCE: ADVERSE PARTY:	() Supplemental Social Secu	rity Income (SSI)	Amount per mor	nth:
() Retirement/Pension () Veterans' Benefits LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investme etc.) Asset: Amount: Amount: Asset: Amount: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Amount:AMOUND AMOUND AMOU	() Social Security Disability/Social Security Retirement			
() Veterans' Benefits Amount per month: LIST ALL OTHER ASSETS & AMOUNTS: (includes checking, savings, 401k, stocks, other investme etc.) Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING	() Retirement/Pension		Amount per mor	nth:
etc.) Asset: Amount: Asset: Amount: Asset: Amount: Asset: Amount: REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND <u>INCLUDE ANY UPCOMING</u>) Veterans' Benefits		Amount per month:	
Asset: Amount: Asset: Amount:		S & AMOUNTS: (includes check	king, savings, 401k, s	stocks, other investme
Asset: Amount: Asset: Amount: REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND INCLUDE ANY UPCOMING	/	Amount	Asset	Amount
REFERRAL SOURCE: ADVERSE PARTY: PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND <u>INCLUDE ANY UPCOMING</u>	Asset:			
PLEASE BRIEFLY STATE YOUR LEGAL PROBLEM AND <u>INCLUDE ANY UPCOMING</u>				
	REFERRAL SOURCE:	AD	VERSE PARTY:	
	DEADI INES.			<u>UPCOMING</u>

DATE:

SIGNATURE: