DISABILITY LEGAL SERVICES OF INDIANA, INC. INTAKE FORM AND FINANCIAL AFFIDAVIT

NOTICE:

- The information you provide on this form will be used to help determine if Disability Legal Services of Indiana. Inc. ("DLSI") can assist you with your legal needs.
- The information you provide must be truthful to the best of your knowledge.
- If you are accepted as a client and it is later determined that the information you provided on this form is incomplete or untrue, DLSI or your assigned attorney may terminate his/her attorney-client relationship with you and you will have to find an attorney not associated with DLSI.

Today's date_____

How did you hear about DLSI? _____

Briefly describe the nature of your legal need. Please note that DLSI assists primarily with educational matters, including access to education, accommodations, special education services, discipline matters, etc.

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I. INFORMATION ABOUT YOU (Please Print)

Name_____

Date of Birth_____ Primary Phone_____

Secondary Phone_____ E-Mail_____

Address_____

City_____ State_____ Zip Code_____

I prefer to be contacted by: Phone ( ) Mail ( ) E-mail ( )

County of Residence: _____ Marital status_____

Ethnicity_____(optional) Country of citizenship_____

First Language: English ( ) Español ( ) Other _____

II. INCOME INFORMATION (To Determine if you Qualify for Services)

If monthly income varies, list yearly income (note whether monthly or yearly).

Your name_____ Monthly or yearly income_____
Your age _____ Source of income _____

Your Spouse, if applicable _____ Monthly or yearly income_____
His/Her age _____ Source of income_____

All other persons living in your household (children, other dependents, etc.) and their monthly income and source of income. If monthly income varies, list yearly income (note whether monthly or yearly).

Child/Dependent:_____ Monthly or yearly income_____
His/Her age _____ Source of income_____

Child/Dependent:_____ Monthly or yearly income_____
His/Her age _____ Source of income_____

Child/Dependent:_____ Monthly or yearly income_____
His/Her age _____ Source of income_____

Child/Dependent:_____ Monthly or yearly income_____
His/Her age _____ Source of income_____

List any additional dependents on a separate page and include that page with your application.

Does anyone in the household receive public assistance or services including, but not limited to: (Check all that apply)

TANF	( )	SSI	( )	Head Start	( )
SNAP	( )	SSDI	( )	CHIP	( )
Worker's Comp.	( )	Medicaid	( )	Waiver	( )

III. ASSETS HELD BY YOU OR MEMBERS OF YOUR HOUSEHOLD

Do you own any of the following assets: If so, state the current value.

	YES	NO	Value/Balance
Home	( )	( )	$_____
Vehicle(s)	( )	( )	$_____
Checking Account	( )	( )	$_____
Savings Account	( )	( )	$_____
Retirement Account	( )	( )	$_____
Other Accounts	( )	( )	$_____

Other expenses: The following factors may be considered in determining eligibility

	YES	NO	Monthly Cost
Child Care Expenses	( )	( )	$_____
Medical Insurance Premiums (after tax)	( )	( )	$_____
Unreimbursed Medical Expenses	( )	( )	$_____
Disability-related Expenses	( )	( )	$_____
Other:			$_____

IV. CERTIFICATION AND UNDERSTANDING OF ATTORNEY-CLIENT RELATIONSHIP

- I understand that completing this intake form does not create any attorney-client relationship and does not guarantee representation by an attorney affiliated with DLSI.
- I understand that I am not a client of DLSI until I execute a retainer agreement with DLSI staff.
- I further understand that DLSI will make every effort to let me know within two weeks whether I qualify for legal representation based upon DLSI's eligibility guidelines.
- I certify and affirm that I have read the above or had it read to me.
- I fully understand the information contained herein, and it is true and correct to the best of my knowledge.
- I understand that I will be required to provide DLSI with documentation regarding the information listed on this form.
- I hereby request that this information be considered in determining my eligibility and/or my child's eligibility to receive legal services from DLSI.

Date_____ **Signature**_____

Please return this form to Disability Legal Services of Indiana, Inc.
Mail: 5954 North College Ave, Indianapolis, IN 46220
Fax: 317-282-0608
Email: mjones@disabilitylegalservicesindiana.org. Please note that if you email this form to DLSI via the website, the application may be accessible/viewed by others and therefore may not be confidential. Please do not send any additional documentation with the application

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FOR DLSI USE ONLY:

Date received in office: _____

Household Members	
Poverty Guideline	
Household Income	
Qualified Household Expenses	
Adjusted Household Income	

Date application reviewed and correspondence sent: _____