

TEXAS RIOGRANDE LEGAL AID APPLICATION FORM

Date: ___/___/___

Answer all questions. Indicate if zero. Untrue or incomplete responses may result in denial of service.

PROBLEM CODE: _____
ALT. PROBLEM CODE: _____

1. I AM A U.S. CITIZEN: SIGN: _____ OR

1A. I AM A LAWFUL PERMANENT RESIDENT ALIEN: SIGN _____
IMMIGRATION #: _____ Form reviewed: _____ 151; _____ 1151; OR

1B. All get advice; other aliens may be eligible; request & complete second form.

2. SOCIAL SECURITY #: _____ / _____ / _____; [2A] BIRTHDAY: _____ / _____ / _____

3. PRINT: Last Name: _____ First Name: _____
Middle Name or Initial: _____ Maiden Name: _____

4. Address: _____ Apt. #: _____

5. City: _____ State: _____ Zip: _____ County: _____

6. Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____

7. Alternate/Cell phone/who will answer? (____) _____

7a. Email Address: _____

8. SEX: M F; [9] RACE: White Black Hispanic Asian Other: _____

10. Marital status: Married Single Separated Divorced

11. Do you need an interpreter? Spanish ASL Other _____

12. Your legal problem: _____

13. My problem is with a person/company named: _____

14. Spouse's Name: _____ Spouse's Birth Date ___/___/___

15. How did you learn about legal aid? _____

16. The number of children under 18 who live with you? _____

16a. The number of adults over 18 who live in the household? .. (Count yourself): _____

17. Do you pay rent or a mortgage? Yes/No & Monthly payment: _____ \$
If rent is subsidized, tenant rent amount: _____ \$

INCOME: 18. The total MONTHLY EMPLOYMENT INCOME, BEFORE TAXES:

For YOU: \$ _____ For OTHERS in your household: \$ _____

IF YOU/OTHERS RECEIVED ANY OTHER INCOME, STATE THE AMOUNT MONTHLY:

TANF (Welfare)	You: \$ _____	Others in your household:	\$ _____
Social Security	You: \$ _____	Others in your household:	\$ _____
SSI	You: \$ _____	Others in your household:	\$ _____
VA	You: \$ _____	Others in your household:	\$ _____
Child Support Received	You: \$ _____	Others in your household:	\$ _____
Other	You: \$ _____	Others in your household:	\$ _____
INCOME SUBTOTAL: \$ _____		INCOME SUBTOTAL: \$ _____	

19. ASSETS: Do YOU or OTHERS in your household have savings, stocks or CD's; EXCLUDING IRA or 401 K retirement funds? Yes; No _____ \$

20. Do YOU or OTHERS in your household own land or a house OTHER THAN WHERE YOU LIVE? Yes No..... NET value: \$ _____

21. List any other assets and their value: Asset: _____ NET value: \$ _____
Asset: _____ NET value: \$ _____

22. EXPENSES: HOW MUCH DO YOU PAY MONTHLY for:

- a. health insurance premiums, including medicare: _____ \$
- b. un-reimbursed health care or nursing home costs: _____ \$
- c. court ordered child support actually paid monthly: _____ \$
- d. transportation to work or for health care: _____ \$
- e. paid for baby-sitting/daycare: _____ \$
- f. large fixed debts, including tax debts owing: _____ \$

23. Indicate if you were a victim of Katrina Rita Central Texas Flooding Other disaster: EXPLAIN: _____

24. NAMES & (Date of birth) OF HOUSEHOLD MEMBERS:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

25. DO YOU WANT TRLA TO REVIEW YOUR SITUATION TO DETERMINE IF YOU MAY BE ELIGIBLE FOR FOOD STAMPS (SNAP), MEDICAID, AND/OR TANF? YES NO

- Phone Citizenship Declaration
- Telephone ARCH
- Clinic M or W Other _____
- DO NOT MAIL TO THIS ADDRESS

REJECTED Date: ___/___/___
REJECT CODES:

- regulations conflict
- incomplete income/assets
- resources &/or priorities
- citizenship duplicate
- other _____

ACCEPTED DISCRETIONARY
DATE: ___/___/___
Case Handler: _____

- FUNDING SOURCE:
- LSC/BASIC PAI/VLS
 - BCLS HUD
 - IOLTA CAN
 - OUTREACH VOCA
 - VAWA TITLE II
 - OTHER _____

INCOME TOTAL: \$ _____
ASSETS TOTAL: \$ _____



THE STRENGTH of WOMEN
THE POWER of COMMUNITY

26. Check if received by:
YOU OTHERS IN HOUSE

- _____ Medicare _____
- _____ Medicaid _____
- _____ QMB/SLMB _____
- _____ (Medicaid) _____
- _____ LT Medicaid _____
- _____ Public Housing _____
- _____ Food Stamps _____
- _____ Chip _____

27. Check if the following applies to YOU:

- _____ Disabled
- _____ Blind
- _____ Paralyzed
- _____ Homeless
- _____ Deaf/Hearing Impaired
- _____ Long Term Illness
- _____ Mental Health Issues
- _____ Foster Youth
- _____ Veteran