

ROSIE'S PLACE LEGAL CLINIC GUEST INTAKE FORM

Name _____ S.S.N.: (final 4 digits) _____ Date of Birth _____
(First) (Last)

Current Address: _____
(Street Address) (City) (Zip code)

Mailing Address (If different): _____
(Street Address) (City) (Zip code)

Cell Phone: _____ Other phone: _____

Email: _____

Is it safe to leave a voicemail? ☐ Yes ☐ No What is the best way to contact you? _____

PERSONAL INFORMATION ABOUT YOU

Primary Language _____

Other Language _____

I need an interpreter: ☐ Yes ☐ No

Race or Ethnicity (check one)

☐ American Indian ☐ Asian or ☐ Black

or Alaskan Native Pacific Islander

☐ Hispanic ☐ White ☐ Other

☐ Decline to answer

Country you were born in: _____

I am a US Citizen ☐ Yes ☐ No

Permanent Resident ☐ Yes ☐ No

I currently receive:

TAFDC / EAEDC: \$ _____

SNAP (food stamps): \$ _____

SSI / SSDI / SSR (circle one) \$ _____

Do you or any household members consider themselves to be disabled or have a handicap? ☐ Yes ☐ No

Disabilities: _____

I have a checking or savings account: ☐ Yes ☐ No

Amount in bank accounts: \$ _____

PERSONAL INFORMATION AND INCOME FOR HOUSEHOLD MEMBERS:

FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH	INCOME (Source, Amount, How Often) E.g., Wages, \$800 every two weeks
YOURSELF				Your income:

Who is on the other side of your legal issue? (e.g., landlord or agency) _____

If you have or had a housing subsidy, from which housing authority? _____

Do you have a court date coming up? ☐ No ☐ Yes, on _____ in _____ (court)