

The Elder Law Clinic
Sticht Center, Medical Center Blvd., Winston-Salem, NC 27157-1207
Phone: (336) 713-8630 FAX: (336) 713-8632
Website: www.law.wfu.edu/eclinic

Eligibility Questionnaire

We understand that you or someone you know needs legal help. To qualify for our free legal service, you need to be age **60 or older and have a monthly household income that is:**

- **\$1,700 or less, if you are single, or**
- **\$2,200 or less, if you are married.**

To determine if you or the person you are representing qualify, please answer the questions on the next two pages. If you do not know the answer to a particular question, don't worry. You can call us later with the information.

All of the information you give us will be kept in a locked cabinet.

**Note: Do not send us any confidential or sensitive information.
We have not agreed to represent you at this time.**

Examples of cases we typically handle:

- Wills (if a person owns real estate)
- Living Wills
- Powers of Attorney
- Health Care Powers of Attorney
- Medicaid Planning
- Guardianship
- Nursing Home Questions
- Abuse
- Fraud or Consumer Problems

Examples of cases we do not handle:

- Criminal
- Traffic violations and accidents
- Medical malpractice
- Probate (estates)
- Slip and fall
- Divorce

Complete and return pages 2 and 3 of this questionnaire in the enclosed envelope or by FAX.

Please Print

Name: _____ Sex: **M** **F**

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phones: Home: _____ Cell: _____ Other: _____

Age: _____ Birthdate: ____/____/____ How many people live in your household? _____

If you do not have a phone, please give us a number where you can be reached: _____

Circle one: Married Divorced Widowed Separated Never Married

If married, spouse's name: _____ Spouse's Birthdate: _____

SOURCE OF INCOME	INCOME PER MONTH
Social Security (H)	\$
Social Security (W)	\$
SSI	\$
VA benefits	\$
Retirem't benefits (H)	\$
Retirem't benefits (W)	\$
Employment	\$
Other: _____	\$
Total:	\$

(H) = husband (W) = wife

Do you own a vehicle? Yes No Year: _____

Make: _____ Model: _____

ASSETS	YES	NO	APPROXIMATE WORTH
Checking Account			\$
Savings Account			\$
Certificates of Deposit			\$
Stocks/Bonds			\$
Annuities			\$
Investments			\$
IRA			\$
House (tax value)			\$
Other Real Estate			\$
Mobile Home (tax value)			\$
Other: _____			\$
Total:			\$

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We have not agreed to represent you at this time.

What kind of legal help do you need? (Try to be brief.) _____

 _____ (Continued on back.)

Please give us the name of the opposing party (person, company or creditor) with whom you have a disagreement: _____

For Office Use Only
 Date rec'd: ____/____/____ Send WL letter _____ Send DNQ letter _____ Conflict Checked: ____/____/____ by _____

If you filled out this questionnaire for the person named on the previous page, please give us the following information about yourself:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

What is your relationship to him/her? _____

Are you appointed under this person's power of attorney? Yes No

If "yes," please send us a copy of the power of attorney in the enclosed envelope.

If "no," who is? _____ Relationship: _____

If she/he has a guardian, who is it? _____ Relationship: _____

(Continued from page 2, if you need more space to finish your answer to the question "What kind of legal help do you need?")

- Please check if you would like a free copy of the Directory of Services for Older Adults in Forsyth County.
- Please check if you are a caregiver.

Please return this questionnaire in the enclosed envelope, or by fax at 713-8632. In about a week, we will let you know by letter if you are eligible for our services. If you do not hear from us, please call us at 713-8630. Being eligible for our free services is not a guarantee that we will meet with you.