The Elder Law Clinic
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:

- Less than $1,800, if you are single, or
- Less than $2,400, 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)
- Powers of Attorney
- Medicaid Planning
- Guardianship
- Nursing Home Questions
- Abuse
- Fraud and Consumer Problems

Examples of cases we **do not** handle:
- Criminal
- Traffic violations and accidents
- Medical malpractice
- Probate (estates)
- Slip and fall
- Divorce
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: ________

<table>
<thead>
<tr>
<th>SOURCES OF INCOME</th>
<th>MONTHLY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security (H) $</td>
<td></td>
</tr>
<tr>
<td>Social Security (W) $</td>
<td></td>
</tr>
<tr>
<td>SSI                  $</td>
<td></td>
</tr>
<tr>
<td>VA benefits          $</td>
<td></td>
</tr>
<tr>
<td>Retirem’t benefits (H) $</td>
<td></td>
</tr>
<tr>
<td>Retirem’t benefits (W) $</td>
<td></td>
</tr>
<tr>
<td>Employment           $</td>
<td></td>
</tr>
<tr>
<td>Other: _____________ $</td>
<td></td>
</tr>
<tr>
<td>Total: $</td>
<td></td>
</tr>
</tbody>
</table>

(H) = husband  (W) = wife

Do you own a vehicle? Yes  No  Year: ______
Make: _____________ Model: ____________

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 (ex: husband, daughter)? ______________________

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

If “yes,” please send us a copy of the power of attorney.

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 by mail, or by fax at 758-6237. 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 758-5061. Being eligible for our free services is not a guarantee that we will meet with
you.

Address: The Elder Law Clinic, WFU School of Law, Worrell Professional Center,
P.O. Box 7206, Winston-Salem, NC 27109-6226