



WAKE FOREST  
UNIVERSITY

SCHOOL of LAW

## 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

Please Print

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

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 Domestic Partner Never Married

If married, spouse's name: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_

SOURCES OF INCOME	MONTHLY INCOME
Social Security (H)	\$
Social Security (W)	\$
SSI	\$
VA benefits	\$
Retirem't benefits (H)	\$
Retirem't benefits (W)	\$
Employment	\$
Other: _____	\$
<b>Total:</b>	<b>\$</b>

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: _____			\$
<b>Total:</b>			<b>\$</b>

(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?")

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\_\_\_\_\_

- 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