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  Domestic Partner  Never Married
If married, spouse’s name: ____________________________________  Spouse’s Birthdate: _________

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

Do you own a vehicle?  Yes  No  Year:____
Make:___________ Model:_____________

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<thead>
<tr>
<th></th>
<th>ASSETS</th>
<th>YES</th>
<th>NO</th>
<th>APPROXIMATE WORTH</th>
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<tbody>
<tr>
<td></td>
<td>Checking Account</td>
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<td></td>
<td>Savings Account</td>
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<td></td>
<td>Certificates of Deposit</td>
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<td>Stocks/Bonds</td>
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<td>Annuities</td>
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<td>Investments</td>
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<td>IRA</td>
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<td></td>
<td>House (tax value)</td>
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<td>Other Real Estate</td>
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<td>Mobile Home (tax value)</td>
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<td>Other:_________________</td>
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<td>Total:</td>
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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