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 $2,200, if you are single, or
Less than $2,900, 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: _________________

<table>
<thead>
<tr>
<th>SOURCES OF INCOME</th>
<th>MONTHLY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security (1)</td>
<td>$</td>
</tr>
<tr>
<td>Social Security (2)</td>
<td>$</td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
</tr>
<tr>
<td>VA benefits</td>
<td>$</td>
</tr>
<tr>
<td>Retirem’t benefits (1)</td>
<td>$</td>
</tr>
<tr>
<td>Retirem’t benefits (2)</td>
<td>$</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>

(1) = Spouse 1  (2) = Spouse 2

Do you own a vehicle?  Yes  No  Year:_____  

Make:___________  Model:______________

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

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