



REFERRAL FOR LEGAL ASSISTANCE

Instructions: If you are working with a client and have identified a potential legal issue and the client would like to seek legal assistance from Legal Aid of Nebraska, please fill out the referral information below and submit along with the completed application form via email to accesslineattorneys@legalaidofnebraska.org. Upon receipt of these forms, an attorney will review the information and schedule a callback to the applicant at the phone number they provide. Please ensure the client grants permission to share their information from the Income and Assets section on Page 2 with Legal Aid.

Date: _____ Advocate's Name: _____

Name of the Agency or Program: _____

Phone Number to Reach the Advocate: _____

Client Name: _____ Date of Birth: _____

CONTINUUM OF CARE AGENCY:

Referring Agency certifies that they have screened the individual named above and determined (both questions 1 and 2 below need to be answered):

1. This individual meets the Emergency Solutions Grant (ESG) (definition found in the Code of Federal Regulations Title 24 Section 576.2) for being (check the appropriate box):
 Homeless At Risk of Homelessness
2. This individual meets the participant, program and income (if applicable) eligibility requirement for and is currently receiving the ESG service (check the appropriate box):
 Emergency Shelter Homelessness Prevention Rapid Re-housing

Reason for Referral:

Please write neatly & clearly

Legal Name (First, Middle, Last):



Chosen Name:

Former Name(s):

Pronouns: []He/Him/His []She/Her/Hers []They/Them/Theirs

[]Other Pronouns _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Social Security #: _____

Date of Birth: _____

Gender: []Female []Male []Neither []Prefer not to answer

Are you a veteran? []Y []N

Besides yourself, is there a veteran in the household? []Y []N

Marital Status: _____

Race/Ethnicity _____

Primary Language: _____

Second Language: _____

Preferred Language: _____

Tell us how many people are in your household. Count yourself. Count everyone that you are responsible for and anyone that is responsible for you. Count them even if you are not related. If you are a victim of domestic violence, do not count your abuser in your household.

_____ #Adults _____ #Children

CASE INFORMATION

Type of Legal Problem: _____

Do you have a current court case? []Y []N

If so, in which county? _____

Case Number: _____

OTHER PARTY

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City, State Zip: _____

Date of birth: _____

Phone #: _____

INCOME AND ASSETS

List the amount of income and assets for each person in your household from the sources of income and assets identified below. If there is no income in that category mark "N/A."

_____ No Income

Income from Wages:

_____ (hours worked per week)/\$_____ (wage per hour) OR

\$_____ Monthly Salary OR \$_____ Annual Salary

Other Income:

\$_____ Child Support \$_____ Unemployment

\$_____ Disability Insurance \$_____ Worker's Compensation

\$_____ Student Loans \$_____ Veteran's Benefits

\$_____ Alimony \$_____ Social Security Benefits

\$_____ TANF, GA, AABD \$_____ Tribal Funds

\$_____ Other: _____

Expenses:

\$_____ Rent/Mortgage \$_____ Car Payment \$_____ Childcare

Is your income likely to change within the next 90 days? []Y []N

Do you have a bank account? Savings: \$_____ Checking: \$_____

How much cash do you have on hand? \$_____

Do you have a vehicle that you DO NOT USE? []Y []N

If so, how many _____, value? \$_____

Do you own a home YOU DO NOT LIVE IN? []Y []N

If so what is the value? \$_____

Do you have a pension, 401(k), IRA or stocks and bonds? []Y []N

If so, value? _____

CITIZENSHIP ATTESTATION

[] I am a U.S. citizen. OR [] I am NOT A U.S. citizen.

Signature

Date