



# 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 or fax (see contact information at the bottom of this page). Upon receipt of these forms, an attorney will review the information and schedule a callback to the applicant at the phone number s/he provides and time s/he designates.

Date: \_\_\_\_\_ Advocate's Name: \_\_\_\_\_

Name of the Agency or Program: \_\_\_\_\_

Phone Number to Reach the Advocate: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for Referral:

Please check the day and time your client is available to receive a call from Legal Aid:

MONDAY:	12:30PM	1:30PM	2:30PM	3:30PM
TUESDAY:	9:00AM	10:00AM	11:00AM	12:00PM
WEDNESDAY:	12:30PM	1:30PM	2:30PM	3:30PM
THURSDAY:	9:00AM	10:00AM	11:00AM	12:00PM
FRIDAY	8:30AM	9:30AM	10:30AM	11:30AM

PLEASE SUBMIT TO LEGAL AID'S ACCESSLINE ATTORNEYS BY  
EMAIL TO [accesslineattorneys@legalaidofnebraska.org](mailto:accesslineattorneys@legalaidofnebraska.org) OR BY FAX TO (402) 348-1065 ATTN: AccessLine.

ONLY COMPLETE THIS BOX IF YOU ARE A CONTINUUM OF CARE AGENCY, AND ONLY IF THE FOLLOWING IS RELEVANT:

Referring Agency certifies that they have screened the individual named above and determined:

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

**AND**

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



Please write neatly & clearly

INCOME AND ASSETS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Female Male Other

Are you a veteran? Y N

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

Marital Status: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

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 #: \_\_\_\_\_

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