

VOLUNTEER BENEFITS COUNSELING/LEGAL ASSISTANCE CASE REPORT

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| <p>1. Date: _____</p> <p>2. Clients SS#: _____</p> <p>3. _____
Client's Name (First, M.I., Last)</p> <p>4. Gender (M, F): _____</p> <p>5. Address: _____</p> <p>6. Phone: _____</p> <p>7. City: _____ State: <u>TX</u>
Zip: _____</p> <p>8. County _____</p> <p>9. Physician: <u>n/a</u></p> <p>10. Phone: <u>n/a</u></p> <p>11. Race (check one) : ___ Black ___ White
___ Native American ___ Hispanic
___ Asian ___ Other</p> | <p>Counselor/Legal Provider: <u>AAACA/VBC</u></p> <p>12. Marital status (check one): ___ married
___ widowed ___ divorced
___ separated ___ never married
___ no information</p> <p>13. Total in household (include client): ___</p> <p>14. Income (check one) ___ low ___ medium
___ high ___ SSI</p> <p>15. Referral person: _____</p> <p>16. Referral Phone #: _____</p> <p>17. 60+ client? _____</p> <p>18. Date of Birth: _____</p> <p>19. TDHS CBA Client? <u>na</u></p> <p>20. DHS Waiting List? <u>na</u></p> <p>21. Has Guardianship? <u>n/a</u></p> <p>22. Representative Payee? <u>n/a</u></p> |
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ISSUE: (consult "Client Profile of Need Categories"): can be more than one issue

TYPES OF SERVICE(S) NEEDED (check all that apply):
 ___ advice /counseling ___ document preparation ___ representation ___ other: (describe)

<p>CLIENT WAS REFERRED TO:</p> <p>___ legal provider ___ SSA ___ Legal Hotline ___ Department of Insurance ___ DHS ___ Other(specify)</p>	<p>NOTES ABOUT REFERRAL(S):</p>
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MONETARY IMPACT (complete only if feasible, known, and accomplished with your assistance)

a. one time award: \$ _____ b. recurring benefits: \$ _____

TOTAL for year \$ _____ 10/98