

Legal Intake/Assessment Check List

- Client name:
- Form completed by:
- Phone/e-mail:
- Supervising Attorney:
- Date:

PART A. Intake

- Referral for legal service made by:
- Legal need identified by referring case manager:
- Date of legal intake:
- Legal intake completed by:

PART B. Legal Assessment

Based on client interview/intake, check whether client indicates having executed the listed legal documents *at time of legal intake*. In the comments/done by column, please indicate by whom and where the document was completed, and also indicate who (relationship) is designated as the DPOA, Medical Consent, etc.

Y	N	?	Comments/Done by
			Last Will and Testament
			Living Will
			DPOA Health Care
			DPOA Financial
			Medical Consent Authorization
			SSI/SSDI
			Standby Guardianship
			Legal Custody
			Other:

PART C. Medical Consent Authorization

If client has not executed Medical Consent Authorization(s) for her/his child(ren), indicate below whether 1) client executed these documents/declined; 2) for whom they were executed (child's name); and 3) who was designated.

1. If client has not executed medical consent authorization(s) for her/his child(ren), was this offered to the client? YES NO (state reason not offered)
2. If YES, did the client agree to complete the medical consent authorization(s)?
 YES NO (state reason, if possible)

Child's name	Person designated (relationship)	Comment

PART D. Initial Legal Goals

Based on the client interview and assessment, indicate below the initial legal goals established for the client.