

THE LEGAL AID BUREAU OF BUFFALO, INC. - ReEntry into Employment Program

APPLICANT'S NAME *(please print)* _____

ADDRESS _____ CITY & STATE _____ ZIP CODE _____

PHONE NUMBER _____ REFERRED BY _____

AGE _____ DATE OF BIRTH ____/____/____ SS # ____/____/____ CITIZENSHIP _____

VETERAN (CIRCLE ONE): YES NO

SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

SPOUSE'S NAME _____ DATE OF BIRTH _____

LIST ALL YOUR CHILDREN UNDER THE AGE OF 21 (whether they live with you or not):

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

TOTAL PEOPLE IN YOUR HOUSEHOLD: _____

HOUSEHOLD INCOME SOURCE(S):

How do you support yourself? (Check all that apply)

YOU	Job	Amount
_____	Where do you work: _____	\$ _____ per hour / wk / biwk / month
_____	SSI	\$ _____ per month
_____	SSD	\$ _____ per month
_____	Cash Asst.	\$ _____ per month
_____	Food Stamps	\$ _____ per month
_____	Housing Asst.	\$ _____ per month
_____	Worker's Comp	\$ _____ per month
_____	Unemployment	\$ _____ per month
_____	Other	\$ _____ per month

List Household Members and their Job or Benefits:

Basic program services include

- Applying for Certificates of Relief from Disabilities
- Applying for Certificates of Good Conduct
- Providing Counsel and Advice/Learn your rights information
- Reviewing and correcting Record of Arrest and Prosecution
- Review and correcting credit reports
- Includes Holistic Assessment to stabilize and connect clients to behavioral and physical health services and offer other related activities and legal services

Signature

Date

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - YEAR 49
Public Services – Presumed Benefit

Staff Reviewed Initial _____
Issue Date: 10/1/23

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORDKEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

STOP: This form is **only** for participants who are eligible under the Presumed Benefit criteria.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="radio"/> Under 5 years	<input type="radio"/> 10-15 years	<input type="radio"/> 21-24 years	<input type="radio"/> 45-54 years	<input type="radio"/> 62 and older
<input type="radio"/> 5-9 years	<input type="radio"/> 16-20 years	<input type="radio"/> 25-44 years	<input type="radio"/> 55-61 years	

2. Gender: Please check **one** from the below which best describes your (the participant) gender.

<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other: _____
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3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="radio"/> Hispanic	<input type="radio"/> Non-Hispanic
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4. Please check **one** from the below which best describes your (the participant) race.

<input type="radio"/> White	<input type="radio"/> Asian and Black or African American
<input type="radio"/> Black or African American	<input type="radio"/> American Indian or Alaskan Native and White
<input type="radio"/> Asian	<input type="radio"/> American Indian or Alaskan Native and Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific Islander and White
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="radio"/> Black or African American and White	<input type="radio"/> Other/Multi Racial
<input type="radio"/> Asian and White	

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
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6. Do you (or the participant) have a severe disability?

<input type="radio"/> Yes	<input type="radio"/> No
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Persons are considered severely disabled if they:

- Use a wheelchair or another special aid for 6 months or longer
- Are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking)
- Need assistance with activities of daily living (getting around inside their home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting) or instrumental activities or daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone)
- Are prevented from working at a job or doing housework;
- Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia or mental retardation; or
- Are less than 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____



HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

Financial Issues

- I am a victim of identity theft
- I want to request my credit reports
- I am unable to pay my bills
- I have a lot of debt
- I would like help with my benefits

Family

- I am married and would like a divorce
- Other family matters
- I would like to change my name/child's name
- I cannot afford my child support*
- My license has been suspended because I owe arrears (back pay)
- I think I have child support orders but am not sure

* Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

Estate Planning

- I would like a healthcare proxy & living will
- I would like to know if I need a Will

Other: _____

Renters/Homeowners

- I am being evicted
- My rent is behind
- I rent and I think my apartment is unsafe and/or needs repairs
- My house is facing foreclosure
- My mortgage is behind
- I am homeless

Barriers to Employment

- I have criminal convictions that prevent me from being hired
- I would like to know if my records can be sealed
- I cannot find a job

School Aged Children

- My child's school needs are not being met
- Home schooling and remote learning rights
- My child needs an IEP

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): _____

Return this form to us and we will call you.

ATTORNEY/STAFF USE ONLY:

Applicant was called on: _____ Appointment scheduled for: _____