



JEFFERSON COUNTY OFFICE FOR THE AGING

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Bethany Munn
Director

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Deputy Director

LEGAL SERVICES INTAKE SCREENING FORM

JCOFA Staff:

Date:

1. Is the client at or below the Federal poverty level?

Household Size	125%		150%		185%		200%	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	19,563	1,630	23,475	1,956	28,953	2,413	31,300	2,608
2	26,438	2,203	31,975	2,644	39,128	3,261	42,300	3,525

YES NO

2. If not eligible for OFA legal services, community resource referral(s):

- a. Agency(s)
- b. Private Practice or Senior Legal Advice Helpline
- c. Attorney General's Office
- d. Brief explanation for referral

If eligible, fill out the following questions:

3. US Citizen: YES NO

4. Does client live in Jefferson County year-round? YES NO

5. Priority Issues (check all that apply):

- a. Financial Neglect/Public Benefits
 - i. Financial exploitation:
 - ii. Social Security Disability/SSI:
 - iii. Unemployment Benefits:
- b. Discrimination
 - i. Age discrimination:
 - ii. Housing:
 - iii. Employment:
 - iv. Credit:

