

CALIFORNIA LEGAL SERVICES INTAKE FORM

MODEL

CDA 1021 (REV. 1/29/2008)

CONFIDENTIAL

LEGAL SERVICE PROVIDER NAME:		
AREA AGENCY ON AGING	PSA NUMBER	COUNTY SERVED
UNDUPLICATED CLIENT <input type="checkbox"/> Yes <input type="checkbox"/> No	CLIENT ID NUMBER:	OPEN DATE / /
UNIT of SERVICE # of Units of Service (1 hour increments): _____ Hours		CLOSE DATE / /
CLIENT NAME (FIRST, MI, LAST):		CLIENT TELEPHONE:
CLIENT ADDRESS:		
CITY:	STATE	ZIP CODE
CLIENT DATE of BIRTH (mo/day/year) / /	CLIENT DECLINED BIRTH DATE INFORMATION <input type="checkbox"/>	
ETHNICITY: HISPANIC/LATINO * <input type="checkbox"/>	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
RACE * (CHECK ONLY ONE): <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> NATIVE AMERICAN/ NATIVE ALASKAN	ASIAN/PACIFIC ISLANDER: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> TWO OR MORE RACES	<input type="checkbox"/> RACE UNKNOWN/ SOME OTHER RACE	<input type="checkbox"/> CLIENT DECLINED TO PROVIDE INFORMATION
CLIENT CHARACTERISTICS (Check All That Apply)		
Frail / Disabled *	<input type="checkbox"/> Limited English Proficiency (LEP)	<input type="checkbox"/>
Homebound	<input type="checkbox"/> Rural *	<input type="checkbox"/>
Lives Alone	<input type="checkbox"/> Greatest Economic Need * (Minority)	<input type="checkbox"/>
Institutionalized *	<input type="checkbox"/> Greatest Economic Need * (Non-Minority)	<input type="checkbox"/>
Suspected Victim of Elder Abuse / Exploitation *	<input type="checkbox"/> Greatest Economic Need * (Minority Status Unknown)	<input type="checkbox"/>
TYPE OF CASES BY LEGAL PROBLEM CODE		
A. Consumer / Finance		
A1. <input type="checkbox"/> Bankruptcy/Debt Relief A 2. <input type="checkbox"/> Contracts A3. <input type="checkbox"/> Other Consumer / Finance		
B. Employment		
B1. <input type="checkbox"/> Discrimination B2. <input type="checkbox"/> Other Employment		
C. Family		
C1. <input type="checkbox"/> Divorce/Custody/Visitation/Grandparents rights C2. <input type="checkbox"/> Conservatorship C3. <input type="checkbox"/> Other Family		
D. Health / Community Based Care		
D1. <input type="checkbox"/> Medi-Cal Issues D2. <input type="checkbox"/> Medicare Issues D3. <input type="checkbox"/> Other Health / Community Based Care		
E. Housing		
E1. <input type="checkbox"/> Landlord/Tenant E2. <input type="checkbox"/> Real Property: Home Loans/Foreclosure/Reverse Mortgages E3. <input type="checkbox"/> Other Housing		
F. Income Maintenance		
F1. <input type="checkbox"/> Social Security F2. <input type="checkbox"/> SSI 3. <input type="checkbox"/> Pension/Retiree Benefits F4. <input type="checkbox"/> Other Income Maintenance		
G. Individual Rights		
G1. <input type="checkbox"/> Immigration/Naturalization G2. <input type="checkbox"/> Elder Abuse/Neglect/Exploitation G3. <input type="checkbox"/> Other Individual Rights		
H. Miscellaneous / Other		
H1. <input type="checkbox"/> Estate Planning/Wills/Trusts H2. <input type="checkbox"/> Advance Health Care Directives H3. <input type="checkbox"/> Power of Attorney H4. <input type="checkbox"/> Other Miscellaneous		

* Term is defined in the California Uniform Reporting System for Legal Services - Purpose, Instructions & Definitions Section