

H.E.L.P.
(Homeless Experience Legal Protection)
New York City

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Client #: (For
office staff use only)

H.E.L.P. INTAKE FORM

CLIENT: Fill in Pages One, Two and Three Only!!!

All information will be kept confidential.

Client Information	
FIRST Name	
LAST Name	
Mailing Address	Room/apt: _____
	Zip Code: _____
Telephone	_____
DOB/Sex	Date Of Birth: _____ Sex (M or F) _____
Contact Person	Name: _____ Telephone: _____
Immigration Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> LPR (Green Card Holder) <input type="checkbox"/> Other Have you sought benefits or assistance because of your immigration status ____ Yes ____ No
Social Security No.	
Marital Status	Married (spouse present) ____ Married (spouse absent) ____ Single ____ Divorced ____ Separated ____ Widowed ____
Living Arrangements	Shelter ____ Rented Apartment ____ NYCHA ____ Section 8 _____ Relative's Housing ____ Drop-In-Center ____ Other _____
Employment Status	Employed: ____ Yes ____ No If yes, Employer Name: _____ Employer Address: _____ Employer Phone Number _____ Name of Supervisor: _____

For shelter residents:	
Date entered shelter	_____
Social worker at shelter	Name: _____ Telephone: _____
Victim of Domestic Violence	Yes ___ No ___ If so, dates of abuse: _____
Offered Advent or Family Violence Option at Center	Yes ___ No ___
DV Liaison	Name: _____ Telephone: _____
For public assistance recipients:	
Case Number (7 digits)	_____
Income Support Center	Name: _____ Telephone: _____
P.A. Caseworker / Tel.	Name: _____ Telephone: _____
For all clients:	
Household Size	# of Adults: _____ # of Children: _____ (biologically, adopted or through guardianship) Name and date of birth of all persons in household: 1) _____ DOB _____ 2) _____ DOB _____ 3) _____ DOB _____ 4) _____ DOB _____
Assets	Real Estate: <i>(List address and approximate value)</i> Bank Accounts: Stocks, bonds, mutual funds and other assets: Mortgage Notes or debts <i>(owed to others):</i>

Liabilities	<p>Household: Rent: _____ # of months due _____ Electricity _____ # of months due _____ Water _____ # of months due _____ Air Conditioning/heat _____ # of months due _____</p> <p>Credit Cards: Date incurred _____ Debtor _____ Creditor _____ Amount Due _____</p> <p>Mortgages: Date incurred _____ Debtor _____ Creditor _____ Amount Due _____</p> <p>Other liability: (such as past or future child support owed or maintenance (alimony) _____</p>
Trusts and Estates	<p>Do you have a will? ____ Yes ____ No Name of attorney who drew up the will _____ Phone number _____ Beneficiary _____ Executor _____</p>
Insurance	<p>Life Insurance ____ Yes ____ No Name of Beneficiary _____ Business Insurance ____ Yes ____ No Name of Beneficiary _____ Disability Insurance ____ Yes ____ No Name of Beneficiary _____ Auto ____ Yes ____ No Name of Beneficiary _____ Homeowner ____ Yes ____ No Name of Beneficiary _____</p>
Briefly describe problem:	<p>_____</p> <p>_____</p> <p>_____</p>

Landlord/Tenant Disputes	
Type of Property	<input type="checkbox"/> Residential Apartment <input type="checkbox"/> Commercial space <input type="checkbox"/> Mixed Use
Ownership/control	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Co-op <input type="checkbox"/> Condo If you won your residential apartment, do you live in the unit or rent it out? <input type="checkbox"/> Live in unit <input type="checkbox"/> Rent it out Do you operate a business out of the space? <input type="checkbox"/> Yes <input type="checkbox"/> No
Renters	Is the lease in your name <input type="checkbox"/> Yes <input type="checkbox"/> No If not, whose name is on the lease? _____ Is the space rent controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the space rent stabilized? <input type="checkbox"/> Yes <input type="checkbox"/> No How many apartments are in your building? _____ Do you have renter's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a copy of your lease? <input type="checkbox"/> Yes <input type="checkbox"/> No When did you move into the space? _____ Has your lease expired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when did your lease expire? _____ What is your monthly rent? _____ What was your monthly rent when you moved there? _____ Do you owe any prior rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____ Landlord's name _____ Your apartment is owned by <input type="checkbox"/> Landlord <input type="checkbox"/> Managing Agent <input type="checkbox"/> Sponsor Managing Agent's Name _____ What is the condition of your apartment? _____ _____ _____
	Have your services been restored? Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date was it restore _____ If no, how many days without services? _____ Water <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date was it restored. _____ If no, how many days without services? _____ Air conditioning/heat <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date was it restored. _____ If no, how many days without services? _____ Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date was it restored. _____ If no, how many days without services? _____ Trash pickup <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date was it restored _____ If no, how many days without services? _____
	Do you have access to the following services? Subway <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Only with escort <input type="checkbox"/> without escort Grocer/food <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Only with escort <input type="checkbox"/> without escort Pharmacy/medical <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Only with escort <input type="checkbox"/> without escort Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Only with escort <input type="checkbox"/> without escort

	<p>Have you had any discussion, in person, with your landlord about: Rent abatement ___ Yes ___ No Expected date of access ___ Yes ___ No Clean/up/condition/repair ___ Yes ___ No</p>
	<p>Have you had any PHONE discussion with your landlord about: Rent abatement ___ Yes ___ No Expected date of access ___ Yes ___ No Clean/up/condition/repair ___ Yes ___ No</p>
	<p>What do you hope to do about the apartment or unit? ___ Stay with lowered rent ___ Break lease/negotiate termination of lease ___ Shorten the term of the lease ___ Stay with cleanup</p>
	<p>Have you received any notices/reports regarding the environmental conditions in your area ___ Yes ___ No</p>
	<p>Does anyone living in the apartment have any respiratory, allergies or health problems? ___ Yes ___ No If so, please describe _____</p>
	<p>Have you ever received a one-shot deal or other rental assistance? ___ Yes ___ No</p>
	<p>Are you a recipient of Section 8 Housing or other rental assistance? ___ Yes ___ No</p>
	<p>Are there any pending DHCR complaints ___ Yes ___ No</p>
	<p>Has the landlord ever sent any of the following: Notice to Terminate, Rent Demands or Notice to Quit ___ Yes ___ No If so, explain _____ Is there a current housing proceeding? ___ Yes ___ No</p>
	<p>Social Security Survivors' Benefits (Note: A wage-earner has to be insured under Social Security for his or her dependents to be eligible for survivor benefits/ Insured status may be established in a number of ways depending on the person's age at death. Generally, 10 years (or 40 quarters) of work under Social Security creates insured status. Fewer quarters are required for a worker who is under 51 years old, but insured status cannot be obtained if an individual has fewer than 6 quarters (or 1-1/2 years) of covered work. Assuming an individual is insured, the following questions will help to determine if the person's dependents are eligible for survivor benefits.</p>
	<p>Does the deceased individual have a minor or disabled child/children? ___ Yes ___ No If yes, the children will be eligible. Natural, illegitimate, adopted, stepchildren and sometimes grand children are eligible. (Please note minor children are children under age 10, and a disabled child is a child who meets the disability test prior to reaching his or her 22nd birthday)</p>
	<p>If the deceased was the putative father of a child, the child may be eligible for survivor benefits if the relationship with the deceased can be established. ___ Yes ___ No</p>
	<p>Was the decedent a grandparent who took care of the child? ___ Yes ___ No If so, and if the child's parents are either dead or disabled, the grandchild may be eligible for survivor benefits on the grandparents account</p>

	<p>Is the mother/father of the wage-earner's children married to the wage-earner <i>and</i> taking care of the children? ___ Yes ___ No</p> <p>Note: If yes, s/he will be eligible for the survivor's benefits if that person's work-related income is not more than \$10,680 per year. If the income is greater than that, the mother or father is not eligible for a benefit unless he or she stops working or reduces his or her income.</p>
	<p>The spouse (check the applicable): ___ 60 years old or older ___ 50-60 years old and disables (as determined by Social Security) If either is applicable, he or she is eligible for survivor benefits</p>
	<p>If any spouse in the two prior questions was divorced from a now-deceased wage-earner, did the marriage last at least 10 full years before a final divorce decree was entered: ___ Yes ___ No</p>
	<p>Did the deceased wage-earner provide more than 50% support for an aged parent in the 12 months prior to his or her death? ___ Yes ___ No</p> <p>If so, the parent of the wage-earner may be eligible for parental benefits on the worker's earnings record.</p> <p><i>If any of these situations is applicable, the individual is urged to file an application for survivors' benefits. The following proof will be needed:</i></p> <ol style="list-style-type: none"> 1. Proof the deceased is on any list of persons missing as a result of the World Trade Center attacks; 2. Evidence of relationship: birth certificate, marriage license, divorce decree, etc. 3. Proof of support for parents of a deceased wage-earner. <p><i>A death certificate will eventually be required but failure to have one does not preclude application.</i></p>
	<p>Employment, Unemployment & Workers' Compensation <i>Note: Benefits are governed by an beneficiary designation that the deceased had filled out. Not what the will provides. If there is no beneficiary designation, then the plan or policy must be reviewed to determine who is entitled to the benefits. In addition, with any retirement benefits, the beneficiary should consult with an accountant or tax advisor before withdrawing any funds, as there are income tax consequences to consider. Finally, for plans with designated beneficiaries, determine if a minor is involved.</i></p> <p><i>Please complete each section that is relevant.</i></p>
<p>Medical Coverage</p>	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Was the surviving spouse (and/or the surviving dependents) covered by the deceased's medical plan? ___ Yes ___ No</p> <p>If so, each person may be entitled to elect COBRA coverage if the company sponsoring the plan still exists. If the company does not still exist and it was an insured plan, surviving spouses and dependents may still be eligible for conversion to an individual policy under New York State Law</p> <p>When does coverage end under the policy? (For example, at the end of the month? At the end of employment? At the end of the quarter?) _____</p> <p>How much does COBRA coverage cost? _____</p>

	<p>Determine how to apply for COBRA and contact the plan.</p> <p>What is the period of continuation? (For example, is a spouse is working, does the employer provide health insurance, and at what cost?) _____</p> <p>What benefits are available for domestic partners, if any? _____</p>
<p>Workers' Compensation claims</p>	<p>What are your medical expenses, if any, as of this date <i>resulting to the World Trade Center attack?</i> (Do not indicate the purpose of the expense.) _____</p> <p>Death benefit coverage is based on the state in which you worked. In which state did you work? _____</p>
<p>Family & Medical Leave Act This is in the event the family member is still alive. However, if the family member is deceased, mental suffering may be a serious health condition under FMLA. (For example, continuing treatment, inability to work, etc.)</p>	<p>Eligibility is determined based upon size of employer. How many employees did your company employ? _____</p>
<p>Flexible Spending Account Contributions</p>	<p>Are there medical savings accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the balances? _____</p> <p>Are there dependent savings accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the balances? _____</p>
<p>Employee Assistance Program Note: Even if the survivor is not a legal dependent, he or she may be able to access the plan.</p>	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are counseling programs available to surviving members as part of the group plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many visits are available to the surviving eligible at no cost? _____</p> <p>Would visits continue to be covered by group health insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Group Life Insurance Provided by the Employer/Business</p>	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Who are the beneficiary designations? _____</p> <p>Are the designations clear? ___ Yes ___ No</p> <p>Are the records available? ___ Yes ___ No</p> <p>Is the determination of benefits based solely on base salary or des it include bonus compensation? ___ Yes ___ No</p> <p>Review the exclusions.</p> <p>Does the policy exclude terrorism or acts of war? ___ Yes ___ No</p> <p>If so, will the insurer ignore or disregard the exclusion? ___ Ignore ___ Disregard</p> <p>Was additional insurance purchased?</p> <p>If so, please list _____</p>
<p>Accidental Death and Dismemberment Insurance *+(AD&D)</p> <p>Note that beneficiary designations may, as a matter of policy, follow group life insurance</p>	<p>Do you have a plan booklet, a certificate of insurance an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Who are the beneficiary designations? _____</p> <p>Are the designations clear? ___ Yes ___ No</p> <p>Are the records available? ___ Yes ___ No</p> <p>Is the determination of benefits based solely on base salary or does it include bonus compensation? ___ Yes ___ No</p> <p>Review the exclusions. Does the policy exclude terrorism or acts of war? ___ Yes ___ No</p> <p>If so, will the insurer ignore or disregard the exclusion? ___ Yes ___ No</p> <p>Was additional insurance purchased? ___ Yes ___ No</p> <p>If so, please list: _____</p>
<p>Disability Insurance Provided by the Employer/Business</p>	<p>Do you have a plan booklet, certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Who are the beneficiary designations? _____</p> <p>Are the designations clear? ___ Yes ___ No</p> <p>Are the records available? ___ Yes ___ No</p> <p>Is the determination of benefits based solely on base salary or does it include bonus compensation? _____</p> <p>Review the exclusions. Does the policy exclude terrorism or acts of war? If so, will the insurer ignore or disregard the exclusion? ___ Ignore ___ Disregard</p> <p>Was additional insurance purchased? ___ Yes ___ No</p> <p>If so, please list: _____</p> <p>_____</p>

Business Travel & Accident Insurance Note that beneficiary designations may, as a matter of policy, follow group life insurance	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Who are the beneficiary designations? _____</p> <p>Are the records available? _____</p> <p>Is the determination of benefits based solely on base salary or does it include bonus compensation? _____</p> <p>Review the exclusions. Does the policy exclude terrorism or acts of war? _____ If so, will the insurer ignore or disregard the exclusion? _____</p> <p>Was additional insurance purchased? _____ If so, please list: _____</p>
Pension Plan	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Do benefits vest at death, if not otherwise vested? ___ Yes ___ No</p> <p>Are the benefits otherwise vested? ___ Yes ___ No</p> <p>Qualified plans require a notarized consent of the spouse, if the beneficiary is someone other than the deceased's spouse. Is the beneficiary someone other than the deceased's spouse? ___ Yes ___ No</p>
401(k) Plan	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p> <p>Do benefits vest at death, if not otherwise vested? ___ Yes ___ No</p> <p>Are the benefits otherwise vested? ___ Yes ___ No</p> <p>Is there a company match? ___ Yes ___ No</p> <p>Qualified plans require a notarized consent of the spouse, if the beneficiary is someone other than the deceased's spouse. Is the beneficiary someone other than the deceased's spouse? ___ Yes ___ No</p>
Stock Option Plans	<p>Determine vesting and exercise conditions _____</p> <p>_____</p> <p>Do the grants vest at death? ___ Yes ___ No</p> <p>If the grants vest at death, what is the period of time to exercise subsequent to death? _____</p>
IRA's	<p>Do you have a plan booklet, a certificate of insurance, an employee handbook or any other documents from the plan? ___ Yes ___ No</p>
Corporate Bereavement Policies	<p>What other benefits are available to families of deceased employees? _____</p>
Unpaid Wages	<p>Under SCPA, employer could pay wages to next of kin, prior to probate. Are there unpaid bonuses which will accrue at year's end? ___ Yes ___ No</p> <p>Is there accrued and owed paid time off ___ Yes ___ No</p>

INSURANCE	
Important: Survivors should be advised to that insurance companies may be willing to provide some immediate funds to policyholders and their beneficiaries before claims are ultimately decided. Furthermore, the insurance companies may establish claims procedures that are expedited or vary from their ordinary claims procedures.	
Insurance Checklist	<p>Did the decedent purchase: Life Insurance ___ Yes ___ No Business Insurance ___ Yes ___ No Disability Insurance ___ Yes ___ No Auto Insurance ___ Yes ___ No Homeowner/s/Renter's Insurance ___ Yes ___ No Flood Insurance ___ Yes ___ No</p> <p>If so, is the policy recent and current (contestability period)? ___ Yes ___ No</p> <p>Are the beneficiaries people with an "insurable interest"? (For ex. wife vs. common law relationship)? ___ Yes ___ No</p> <p>What are the receipts of payment or other proofs of coverage for the policy period? _____</p> <p>Do the beneficiaries have copies of the insurance policy to show their lawyer? ___ Yes ___ No</p>
PUBLIC ASSISTANCE	
	Did the household income drop significantly? ___ Yes ___ No
	Did the survivors lose medical insurance? ___ Yes ___ No
IMMIGRATION	
	Have you sought benefits or assistance because of your immigration status: ___ Yes ___ No
	Was any immigration documentation (e.g. green card, passport, employment authorization card) lost or destroyed? ___ Yes ___ No
	Has your employer ceased to sponsor you for a green card? ___ Yes ___ No

VOLUNTEER:	Name _____ Firm _____
Clinic site:	Project Renewal _____ Center for Employment Opportunities _____ Common Ground _____ Other _____
Public Assistance	Is client's public assistance case closed? ___ Yes ___ No
Foot Stamps	Is client's food stamp case closed: ___ Yes ___ No
Medicaid	Is client's Medicaid case closed: ___ Yes ___ No
Closing Notice	Did client receive a case closing notice? ___ Yes ___ No If yes, nature of notice _____ Notice date _____ Effective date _____ Postmark date on envelope _____ Date actually closed, if known _____
Reapplication for Public Assistance/Food Stamps	Did client recently apply or reapply for public assistance / food stamps? ___ Yes ___ No
Notice to reduce benefits	Has client received a notice to reduce benefits? ___ Yes ___ No If yes, nature of notice _____ Notice date _____ Effective date _____ Postmark date on envelope _____ Date actually reduced, if known _____
Notification of Work Requirement/Right to Contest	Did client receive a notification of work requirement and right to contest? ___ Yes ___ No

Sources of Income:		What client <u>is</u> receiving:	What client <u>should</u> be receiving:
Public Assistance (PA) Family Assistance (FA) Safety Net Assistance – SNA - 2 yr. exp. date Temporary Assistance for Needy Families - TANF – 5 yr. exp. date (undocumented immigrants not eligible; citizen children are eligible)	TOTAL CASH <u>CASH BREAKDOWN:</u> Basic Grant Restaurant Allowance Apartment Search Allowance Other Transportation Allowance: -To go to work/school -To take child to school or child care Pregnancy Allowance Child Support Pass Through Shelter Allowance (for clients residing outside of a shelter)	_____ twice a month _____ _____ twice a month _____ _____ twice a month _____	_____ twice a month _____ _____ twice a month _____ _____ twice a month _____
Food Stamps (FS)	Food Stamps	_____ once a month	_____ once a month
Medicaid (MA)	___ Yes ___ No Name of Recipient _____		
Social Security Admin. SSI (Supplemental Security Income): RSDI (Retirement, Survivors, Disability Insurance):	For _____ once a month _____ once a month <i>(Name of household member)</i> For _____ once a month _____ once a month <i>(Name of household member)</i>		
Workers' Compensation	___ Yes ___ No Beginning _____		
Failure to Issue Grants	Did client ask welfare center to add a child to budget? ___ Yes ___ No If yes, when did client make the request? _____ How was the request made? _____ Does client have documentation? ___ Yes ___ No (Obtain copies.) If yes, when did the center comply? _____ Did the client request a special needs grant, e.g. restaurant or apartment search allowance? ___ Yes ___ No If yes, when did client make the request? _____ How was the request made? _____ Does client have documentation? ___ Yes ___ No (Obtain copies.) If yes, when did the center comply? _____		

Volunteer: Please indicate below the follow-up assistance that will be provided to the client.

Fair Hearing Request: Yes No

“Morel” aid continuing violation complaint
(for case closings and reductions): Yes No

“Rivera” request for evidence packet: Yes No

Informal advocacy with welfare center: Yes No

“Brown” request for special needs grant or the
addition of household member to the budget: Yes No

Mandatory dispute resolution:
Will you attend with client? Yes No

Conciliation:
Will you attend with client? Yes No

Fair hearing:
Will you attend with client? Yes No

Other follow-up assistance:

Assistance to be provided by Bar Association staff:
Print-out: Yes No If yes, from _____ to _____.
Other: _____

Authorization signed? Yes No

Volunteer: Please briefly describe the assistance provided to the client if no follow-up work will be performed.

Counsel and advice:

Referred client:

Other:

