

BENEFITS COUNSELING/LEGAL ASSISTANCE CASE REPORT

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|--|---|
| 1. Date: _____ | Counselor/Legal Service Provider: <u>AAA/BC</u> |
| 2. Client's SS#: _____
Medicare #: (if relevant) _____ | 12. Marital status (check one) <input type="checkbox"/> married
<input type="checkbox"/> widowed <input type="checkbox"/> divorced |
| 3. Name: _____
Client's Name (First, M.I., Last) | <input type="checkbox"/> separated <input type="checkbox"/> never married |
| Gender: <input type="checkbox"/> | <input type="checkbox"/> single <input type="checkbox"/> no information |
| 4. Address: _____ | 13. Total in household (include client): _____ |
| 5. City: _____ State: _____ | 14. Income (check one) <input type="checkbox"/> low <input type="checkbox"/> medium
<input type="checkbox"/> high <input type="checkbox"/> SSI |
| 6. Zip: _____ | 15. Referral person: _____ |
| 7. County: _____ | 16. Referral Phone: _____ |
| 8. Phone: () _____ | 17. 60+ client? _____ |
| 9. Physician: <input type="checkbox"/> | 18. Date of Birth: _____ |
| 10. Phone: _____ | 19. TDHS CBA Client? <input type="checkbox"/> |
| 11. Race (check one) : <input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian
<input type="checkbox"/> Other <input type="checkbox"/> Not Collected | 20. DHS Waiting List? <input type="checkbox"/> |
| | 21. Has Guardianship? _____ |
| | 22. Representative Payee? _____ |
| | 23. Consent Given? _____ |

ISSUE: (Describe, using the "Client Profile of Need Categories"; if more than one, list each, or most prevailing issue)

TYPES OF SERVICE(S) NEEDED (check all that apply):

advice /counseling document preparation representation other: (describe)

CLIENT WAS REFERRED TO:

NOTES ABOUT REFERRAL(S):

legal provider SSA Legal Hotline

Department of Insurance DHS Other(specify)

MONETARY IMPACT (complete only if feasible, known, and accomplished with your assistance)

a. one time award: \$ _____ b. recurring benefits: \$ _____

TOTAL for year \$ _____