

**DISTRICT OF COLUMBIA ACCESS TO JUSTICE COMMISSION
MAPPING OF NEEDS PROJECT DATA COLLECTION FORM
OCTOBER 1 – OCTOBER 31, 2014**

Intake Site: _____ Date: October _____, 2014

NOTE TO INTAKE WORKER/VOLUNTEER: This information is being gathered at the request of the District of Columbia Access to Justice Commission, which was created by the D.C. Court of Appeals to improve civil legal services in the District of Columbia. The Commission will use the data collected to get a better understanding of the legal needs of low-income District residents. Please fill out one form for each applicant requesting legal assistance, regardless of whether the request comes in person or over the telephone, and regardless of whether your organization can provide services to the applicant. The information collected from these forms will be published only in an aggregated form. An applicant's willingness to respond to the questions on this form should not affect whether your organization decides to provide legal services. Thank you for your assistance.

Please complete this survey for each applicant requesting services through the month of October, regardless of whether your organization can actually provide services to the applicant.

1. How did the applicant find out about this legal services program?

- Friend/Relative
- Prior Use
- Court
- Social Service Agency / Organization
- Other Legal Services Provider
- Internet
- Other _____

2. What is the nature of the legal issue(s) for which assistance is sought? [Check all that apply.]

Consumer

- Bankruptcy
- Car Purchase and Repair
- Debt Collection
- Defective Liability
- Home Repair Dispute
- Identity Theft/Identity Fraud
- Predatory Lending
- Student Loan
- Utility Termination
- Other _____

Estate Planning/Probate

- Adult Guardianship/Conservatorship
- Estate Administration
- Planning Documents (eg, Will, Power of Attorney, Medical Directive)
- Other _____

Disability/Health

- Access to Health Care
- Discrimination Based on Disability
- Involuntary Commitment Hearings
- Private Health Insurance Dispute
- Other _____

Education

- Disciplinary Proceeding
- School Transfers/Access to Education
- Special Education
- Title IX Complaint
- Truancy
- Other _____

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Family Law

- Adoption/Guardianship
- Child Abuse and Neglect
- Child Support
- Custody/Visitation
- Divorce/Separation/Annulment
- Domestic Violence
- Elder Abuse and Neglect
- Juvenile Delinquency
- Spousal Support
- Other _____

Housing

- Eviction
- Foreclosure
- Homeless Shelter
- Housing Conditions
- Housing Discrimination
- Condo and Coop Conversion and Sales/Tenant Opportunity to Purchase
- Property Tax Sales
- Public and Subsidized Housing
- Rent Control
- Unlawful Eviction
- Other _____

Public Benefits

- Emergency Assistance
- Food Stamps
- General Assistance for Children
- Medicaid
- Medicare
- Public Health Insurance
- SSI/SSDI
- Social Security
- Temporary Assistance to Needy Families
- Veterans Benefits
- WIC (Nutrition Program for Women, Infants and Children)
- Other _____

Employment

- Employment Discrimination Based on Disability
- Domestic Violence Affecting Workplace
- Employment Discrimination (Non-Disability)
- Employee Benefits
- Expungement
- Sexual Harassment
- Termination
- Unemployment Compensation
- Wage and Hour Claims
- Whistleblowing/Retaliation
- Workers' Compensation
- Other _____

Immigration/Asylum

- Asylum
- Family Based Immigration
- Naturalization
- SIJS Visas
- T Visas
- U Visas
- VAWA
- Other

Other

- Personal Injury
- Property Damage
- Tax
- Other _____

3. Is a case/proceeding currently pending? Yes No

4. During the last six months, approximately how many legal services organizations and/or private attorneys has the applicant contacted to resolve this legal issue? _____

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5. **Year Born/Date of Birth:** _____

6. **What gender does the applicant identify as?:**

- Male
- Female
- Non-Gender Identified

7. **Total Number of People in Household:** _____

8. **Race/Ethnicity [Check all that apply.]:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic, Spanish or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

9. **Annual household Income:**

- Under \$10,000
- \$10,001-25,000
- \$25,001-40,000
- \$40,001-55,000
- Over \$55,001

10. **Zip Code** _____ **Ward** _____

11. **Is the applicant limited-English proficient, deaf or hard of hearing?**

- Yes
- No

If yes, what language does the applicant speak? _____

How were language services provided during intake?

- In-house language capacity (e.g. staff member translated)
- Interpreter bank
- Other paid interpreter
- Language line
- Family member or friend accompanying applicant provided interpretation
- Other _____

12. **Is applicant a veteran?** Yes No

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13. Result / Outcome of current intake/interview [Check all that apply.]

- Brief advice / pro se assistance because nothing more is needed
- Brief advice / pro se assistance because that is all provider offers at this stage of process
- Application for services pending further review
- Unable to serve because organization does not provide services in relevant area of law
- Unable to serve because organization lacks staff resources
- Unable to serve because applicant ineligible for assistance based on income
- Unable to serve because applicant ineligible for assistance based on eligibility criteria other than income, including merit
- Refer to _____ (other legal services provider)
- Refer to private lawyer (for fee service)
- Refer to pro bono lawyer
- Refer to social services agency
- Unable to refer because _____
- Other _____