COUNTY of VENTURA
Area Agency on Aging

Title III B Legal Assistance – Client Intake Form FY2022-2023 CONFIDENTIAL

PROVIDER LOCATION: _____

TO RECEIVE LEGAL SERVICES: Person must be aged 60 or older.
*Unique Participant ID must begin with PSA18

Date:		**Phone:**		**Birth Date:** *(Required)*	
Name: *(Optional)*		***Unique Participant ID:**			
Street Address:		**City:**		**ZIP:**	
Email:		**Rural:** (91307, 93066, 93040)	☐ Yes ☐ No ☐ Decline to State		
Staff Completing Intake:					

RACE – PLEASE CHOOSE (X) ONE:

☐ American Indian or Alaska Native	☐ Filipino	☐ Laotian	☐ Samoan
☐ Asian Indian	☐ Guamanian	☐ Other Asian	☐ Vietnamese
☐ Black or African American	☐ Hawaiian	☐ Other Pacific Islander	☐ White
☐ Cambodian	☐ Japanese		☐ Decline to State
☐ Chinese	☐ Korean		

Ethnicity:
☐ Not Hispanic/ Latino
☐ Hispanic/ Latino
☐ Decline to State

MARITAL STATUS: ☐ Divorced ☐ Domestic Partner ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Decline to State

Veteran Status: ☐ Yes ☐ No

Preferred Language: _____

Client Lives: ☐ Alone ☐ Not Alone ☐ Decline to State

Applicant's Income Level (approximate):

IF MARRIED:
☐ At or below Federal Poverty Level *($17,420/year or less)*
☐ Above Federal Poverty Level *($17,421/year or more)*
☐ Decline to State

IF SINGLE:
☐ At or below Federal Poverty Level *($12,880/year or less)*
☐ Above Federal Poverty Level *($12,881/year or more)*
☐ Decline to State

What was your sex at birth?	What is your Gender?	How do you describe your sexual orientation or sexual identity?
☐ Female	☐ Female ☐ Male	☐ Straight/Heterosexual
☐ Male	☐ Transgender Female to Male	☐ Bisexual
☐ Decline to State	☐ Transgender Male to Female	☐ Gay/Lesbian/Same-Gender Loving
	☐ Genderqueer/Gender Non-binary	☐ Questioning/Unsure
	☐ Decline to State	☐ Decline to State
	☐ Not listed, please specify:	☐ Not listed, please specify:

Case Information:	**Case Type- Check All That Apply:**
Income:	☐
Health Care:	☐
(Long Term Care:	☐
(Nutrition:	☐
Housing:	☐
Utilities:	☐
Abuse/Neglect:	☐
Protection Services:	☐
Age Discrimination:	☐
Other/Miscellaneous:	☐
Hours (Units):	

I certify that all statements on this form are true and correct. _____
Applicant's Signature

DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY

Unique Case ID Number:	Service Level: Advice ☐ Limited Representation ☐
Case Opened Date: Case Closed Date:	Representation ☐