

## Delaware Behavioral Health Advocacy Program Tracking Sheet

We are working with The Legal Aid Society of Columbus, Marion Branch Office (Legal Aid) to help you with legal problems that might also affect your health. Could you answer a few questions to see if this program might help you?

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

QUESTION	YES	NO
Do you have a phone?		
Do you have income?		
Do you have medical coverage?		
Are you getting enough food throughout the month?		
Is your housing in good and safe condition?		
Do you have stable housing?		
Are you or a family member being hurt by domestic violence?		
Are your utilities on?		
Is the IRS collecting back taxes from you?		
Are you being sued over a debt?		

CONTACT WITH LASC	YES	NO
<p><b>Would you like to speak with a legal aid attorney about any of the above questions or a different legal issue?</b></p> <p>LASC does not charge any fee for our services. We are unable to assist with criminal matters.</p>	<p>If yes, patient's phone number: _____</p> <p>If patient does not have phone but would like contact, patient's address: _____ _____</p>	
<p><b>Would you like to contact LASC?</b></p>	<p>If yes, LASC Marion Branch office number is 1.888.301-2411.</p>	

I understand that the above information will be shared with The Legal Aid Society of Columbus, Marion Branch Office for the purpose of screening and assisting with legal issues. I give my permission for Mid-Ohio Psychological Services to share this information with The Legal Aid Society of Columbus, Marion Branch Office.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax completed forms to LASC at 740-387-1022.**