

SEALS Project Intake Form

Fax To: (617) 371-1222 - Welfare Law Unit, GBLS

This form is for referring clients for a current problem relating to cash assistance, food stamps, child care benefits, or education and training programs for welfare recipients. If the client has another type of problem, s/he should call our general intake line at (617) 371-1234 or (800) 323-3205.

If the client consents, please fax along a signed DTA Request for Access form which will enable us to investigate the case more quickly. DTA is not allowed to give us information without a release. If the client prefers to wait until he or she has talked with us, that is fine, but please explain that we cannot take any steps on the case until we receive a signed release.

From:

MGH Staff person completing this form: _____ **DATE:** _____

Telephone Number: _____ **Beeper # (if any):** _____

Client Name: _____ **Telephone:** _____

Address: _____
Street City Zip

Male / Female **Citizenship:** US ____ Legal Permanent Resident ("green card") ____ Other: ____

Race/Ethnicity: _____ **Main Language:** _____ **Fluent in English:** yes / no

Date of birth: _____ **SSN:** _____
(DTA uses SSNs to track cases, so this is needed to investigate the case.)

If there is a 2nd adult: Name _____ D.O.B. _____ SSN _____

Relationship to client: _____

Income:

Earnings:	\$ _____	per (circle one) month / ½ month / 2 weeks / week
Child Support	\$ _____	per (circle one) month / 2 weeks / week
TAFDC(welfare)	\$ _____	per month
Food Stamps	\$ _____	per month
SSI	\$ _____	per month Who gets it? _____
Unemployment	\$ _____	per (circle one) 2 weeks / week
Other _____	\$ _____	per (circle one) month / ½ month / 2 weeks / week
MassHealth/Medicaid?	__ Yes	__ No

Children

Age Gender

There is a welfare problem. It is:

If the client has received a notice, has it with them and consents, please fax it with this intake.

Case Information: *If you happen to know or suspect a family may be having a particular kind of problem, it is helpful to let us know.*

Problems you know or suspect the family may be facing (check off as many as apply):

- ☐ Child care
- ☐ Child support
- ☐ Domestic violence
- ☐ EAEDC
- ☐ Education and training
- ☐ "Family cap" child
- ☐ Food Stamps
- ☐ Immigrant benefits eligibility
- ☐ Limited English Proficiency (ie not fluent in English)
- ☐ TAFDC
- ☐ Transportation
- ☐ Unemployment compensation
- ☐ Other: _____

If you know someone in the family has a health problem (physical, mental, cognitive or learning), please let us know who has the problem and what it is.:

Filing an appeal: If client got a notice that is lowering or stopping the family's benefits: Has she mailed or faxed an appeal of the notice to the Division of Hearings? yes___ no___

If you are able to help the client file an appeal, please do so. This can make the difference between preserving the client's benefits and being without any income.

- The client can just put "I disagree with the decision" on the appeal form on the back of the notice and sign it.
- Fax a copy of the front and back of the notice to the DTA Division of Hearings at **(617) 348-5311**.
- The Division must **receive it no later than the day before** the date on which benefits are to be stopped or lowered for the client to keep getting benefits at the current level (called "aid pending") while waiting for a hearing.
- If you think the client cannot get their appeal in before that date, please call the Welfare Law Unit at 617-603-1806.