



INTAKE FORM

Date & Time: _____

Walk in Phone call

CLIENT INFORMATION:

Name: _____ Date of Birth: _____

Gender Identity: Male Female Transgender Male Transgender Female Non-Binary
 Two-Spirited Other

Current Address: _____

Telephone #: _____ Can we leave messages? Yes No

Email: _____

Other Contact Info _____

ELIGIBILITY FOR LEGAL AID:

Household size: _____ Number of dependants: _____

Source of Income: ODSP OW CPP/OAS CPP-D EI
 OSAP Employment No Income Other _____

Household Income (before taxes): per month \$ _____ or per year: \$ _____

Brief Description of Legal Issue or Problem:

Desired Outcome:

Documents Provided: