



Clinic Volunteer Training

LRCL Clinic

Goals:

1. Collect info for LRCL staff to evaluate cases
2. Provide community members with helpful information and referrals

LRCL Clinic Logistics

- The clinic starts around 5:30, with brief speech from the attorney-in-charge.
- Each attendee receives an individual consult.
- The clinic is free of charge; attendees may make a suggested donation of \$10-20.

Volunteer Logistics

- Please arrive by 5:30pm
- Sign the volunteer sign-in sheet and confidentiality agreement

Clinic Procedures

- Be mindful of the time you spend with each attendee.
- Do not spend the entire time with one prospective client; the goal is to reach a number of people.

Clinic Procedures

- First steps:
 1. Make sure the intake form is properly filled out (more on this later)
 2. Remind the client that if LRCL is able to take their case, we will call them the following week.
 - If LRCL is not able to take the case, they will **not** hear back from us.

Clinic Procedures

- Remember that we give each attendee a referral list based on where they live
- If LRCL cannot take the case, they have some suggestions for other resources

Clinic Procedures

- Each clinic will have one LRCL attorney as the attorney-in-charge.
- Please write notes on the intake so that the type of case is clear to LRCL staff
- If you are not sure about the type of case, this is a question for the attorney-in-charge.

Clinic Procedures

- Please check in with the attorney-in-charge **BEFORE** the end of each consult so she can review the intake form and ask or answer any questions.
- When you check in with her, please let the clinic attendees wait in the office. The attorney-in-charge can give you any message(s) to relay to them.

Clinic Procedures

- At the end of each consult:
 - Check in with the attorney in charge (attendee stays in the office)
 - Give the intake form, with your notes on it, to the attorney in charge
 - Give the prospective client a referral sheet

Intake Form 1

APPLICATION FOR SERVICES AT LA RAZA CENTRO LEGAL, INC.

FIRST NAME ↴ <input type="text"/>		LAST NAME ↴ <input type="text"/>	
ADDRESS ↴ <input type="text"/>		APT. # ↴ <input type="text"/>	CITY ↴ <input type="text"/>
STATE ↴ <input type="text"/>		STATE ↴ <input type="text"/>	
ZIP CODE ↴ <input type="text"/>	HOME PHONE NUMBER ↴ (<input type="text"/>) <input type="text"/>		WORK NUMBER ↴ (<input type="text"/>) <input type="text"/>
BIRTH DATE: MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/>		AGE <input type="text"/>	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ARE YOU MENTALLY OR, PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FEMALE-HEADED HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		FAMILY SIZE? (including Yourself) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 8+	
ETHNICITY: <input type="checkbox"/> AMER. INDIAN/ ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> LATINO/A <input type="checkbox"/> AMER. INDIAN/ ALASKAN NATIVE & WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> AMER. INDIAN/ALASKAN NATIVE & BLACK AFRICAN AMERICAN <input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> NAT. HAWAII/PACIF. ISLAND			

Intake Form 1

PRIMARY LANGUAGE: _____	
COUNTRY OF ORIGIN: _____	
TYPE OF INCOME OR BENEFIT?	
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> PENSION OCCUPATION _____
<input type="checkbox"/> SSI	<input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> TANF (AEDC)
<input type="checkbox"/> SSA	<input type="checkbox"/> OTHER: _____
WHAT IS YOUR INCOME:	
PER MONTH?	\$ _____
PER YEAR?	\$ _____
I hereby certify that the information provided is true and correct.	
APPLICANT'S SIGNATURE _____	DATE _____

Intake Form 2

Please write the prospective client's phone number on this form- it's not a listed question

Check "SFILEN Base Line"

San Francisco Immigrant Legal & Education Network (SFILEN)
938 Valencia St San Francisco, CA 94110

Oficina de la alcaldesa para la vivienda y el desarrollo comunitario
(Mayor's Office of Housing and Community Development o MOHCD)
Formulario de verificación de ingresos de la familia 2018-2019

MOHCD protege toda la información personal identificable de alguna divulgación no autorizada.



Instrucciones
para el personal

1. Favor de completar y repasar este formulario con el cliente.
2. Conservar este formulario en sus archivos por cinco años.
3. Completar todo excepto aquello que se indique como opcional.

¿Para qué fondos es este formulario? ☐ Fondos SFILEN Base Line ☐ Línea directa/Fondos IRS

Información del cliente

Identificador único _____ Fecha de nacimiento ____/ ____/ ____

Calles principales: _____

Ciudad: _____ Estado: _____ Código postal: _____

¿Fue usted recomendado por una agencia de SFILEN? ☐ Sí ☐ No Si la respuesta es sí, favor de indicar cual
agencia de SFILEN: ☐ AAN ☐ ALC ☐ AROC ☐ APILO ☐ CAA ☐ CARECEN ☐ CJC ☐ DSCS ☐ FCC ☐ LRCL
☐ LRCRC ☐ MUA ☐ PODER

¿Cuál de las siguientes refleja más adecuadamente su etnia? (Marque una. Favor de también seleccionar entre las siguientes opciones de "raza")

☐ Hispano/latino

☐ No hispano/no latino

¿Cuál de las siguientes opciones describe su raza más adecuadamente? (Marque una)

☐ Indígena estadounidense/indígena de Alaska

☐ Indígena estadounidense/indígena de Alaska y de raza
negra/afroamericano

☐ Asiático

☐ Indígena estadounidense/Indígena de Alaska y blanco

☐ de raza negra/afroamericano

☐ Asiático y blanco

☐ Indígena de Hawái/ Otro isleño del pacífico

☐ De raza negra/afroamericano y blanco

☐ Blanco

☐ Otro/multirracial

Intake Form 2

☐ Otro/multirracial

Afiliación cultural o nacionalidad: _____

¿Cuál es su género? (Marque una, la que mejor describa su identidad de género actual)

<input type="checkbox"/> Femenino	<input type="checkbox"/> Femenino transgénero
<input type="checkbox"/> Masculino	<input type="checkbox"/> Masculino transgénero
<input type="checkbox"/> De género <i>queer</i> /Género no binario	<input type="checkbox"/> No está en la lista. Favor de especificar _____

¿Cómo describe su orientación sexual o su identidad sexual? (Marque una de las opciones)

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Gay /Lesbiana/Atraído/a por el mismo sexo	<input type="checkbox"/> No está en la lista. Favor de especificar: _____
<input type="checkbox"/> Cuestionante /No está seguro/a	<input type="checkbox"/> Prefiere no responder

¿Cuál de estas opciones describe más adecuadamente a su familia? (Marque una de las opciones)

La familia incluye, pero no se limita, a los siguientes—independientemente de orientación sexual percibida o real, de identidad de género, o de estado civil—una persona sola o varias personas viviendo juntas.

<input type="checkbox"/> Familia con un jefe de familia	<input type="checkbox"/> Familia con dos jefes de familia
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Actualizado el 15 de mayo de 2018

Intake Form 2

Remember to fill out all questions

The prospective client must give us an estimate of their annual income. It's OK if it's just an estimate.

You, the interviewer, sign on the bottom

Circle whether this is defensive (in immigration court) or affirmative (not in immigration court)

Red box- put the date, "consult" and your initials

Número de personas que viven en su hogar (incluyéndose a sí mismo): _____

Cantidad total de impuestos previstos para los próximos 12 entre todos los adultos del hogar/familia: \$

Información de ingresos actuales (el número de personas en la "familia" previamente mencionada debe ser el mismo en esta sección)

(Encierre en un círculo el nivel de ingresos correcto. Si el número de personas en su familia es más que ocho, consulte la hoja de instrucciones)

Familia de:	1 persona	2 personas	3 personas	4 personas	5 personas	6 personas	7 personas	8 personas
Ingresos extremamente bajos	\$0 – 30,800	\$0 – 35,200	\$0 – 39,600	\$0 – 44,000	\$0 – 47,550	\$0 – 51,050	\$0 – 54,600	\$0 – 58,100
Bajos ingresos	\$30,801-51,350	\$35,201-58,650	\$39,601-66,000	\$44,001-73,300	\$47,551-79,200	\$51,051-85,050	\$54,601-90,900	\$58,101-96,800
Ingresos moderados	\$51,351-82,200	\$58,651-93,950	\$66,001-105,700	\$73,301-117,400	\$79,201-126,800	\$85,051-136,200	\$90,901-145,600	\$96,801-155,000
Excede ingresos moderados	\$82,201 o más	\$93,951 o más	\$105,701 o más	\$117,401 o más	\$126,801 o más	\$136,201 o más	\$145,601 o más	\$155,001 o más

Certificación de ingresos

Entrevistador: Marcar el nivel de ingresos del cliente e indicar a continuación la fuente utilizada para verificar esta información

Favor de usar la hoja de instrucciones como guía (**al corriente-dentro de un periodo de dos meses).

- ☐ CalWorks ☐ Estampillas de comida ☐ Medi-CAL ☐ Reembolso de impuestos (más reciente) ☐ Desempleo (talón de cheque) ☐ Seguro social (SSI**) ☐ Talón de cheque**
- ☐ Otro (es decir, vivienda pública/crianza temporal) **
- ☐ Auto-certificado. Favor de explicar _____

Por medio de la presente certifico que, a mi buen saber, las declaraciones previas son correctas y verdaderas.

Nombre del integrante del personal, en letra de molde

Firma del integrante del personal

Fecha

Servicios:	Fecha:	Notas:	Iniciales del personal:
Asesoría legal			
Trámite de formularios			
Trámite de formularios - Resultado			
Representación legal			
Representación legal - Resultado			
Referencia/recomendación			
Referencia - Resultado			
Cita de seguimiento individual (intensiva)			
NOTAS:			
¿Representación afirmativa o de defensa?			

We are in the process of editing this intake page, so it may look different

Review these “important questions” with the prospective client

LA RAZA

CENTRO LEGAL, Inc.

—a non profit community law center

—474 Valencia Street, Suite 295, San Francisco, CA 94103—(415) 474-3500—Fax: (415) 255-7593—

PREGUNTAS IMPORTANTES (IMPORTANT QUESTIONS)

Esta recibiendo Usted los servicios de un abogado con su caso ahora?
(English) Are you being helped by an advocate with your case?

Yes/Sí ☐

No ☐

Ha sido deportado de los estados unidos?
(english) Have you ever been deported from the united states?

Yes/Sí ☐

No ☐

Tiene un orden de deportación contra de ti?
(english) Do you have an order of deportation against you

Yes/Sí ☐

No ☐

Tiene Usted ningún fraude, crimen, condenación, detención (cárcel), arresto?
(english) Do you have a fraud, crime, conviction, detention (jail), or arrest?

Yes/Sí ☐

No ☐

CONSULTAS (CONSULTATIONS)

La Raza Centro Legal (“La Raza”) no esta representandome ahora.
La Raza Centro Legal (“La Raza”) is not agreeing to represent me at this time.)

La Raza solamente esta entrevistandome para una consulta.
(La Raza is simply conducting a screening consultation.)

Si necesito más ayuda, necesitare aplicar para ayuda.
(If I need more help, I will need to apply for help.)

LIMITES EN AYUDA (LIMITS ON HELP)

Entiendo que, si no regreso con todos los requisitos dentro de 60 días, mi caso con La Raza será cerrado automaticamente. (I understand that, if I don't return with all of the requirements within 60 days, my case will be automatically closed.)

Entiendo que La Raza necesita un mínimo de 30 días para hacer un análisis de mi caso. Si no tenemos, no podemos tomar responsibilidad para errores. (I understand that La Raza needs at least 30 days to evaluate my case. If we do not, we cannot take responsibility for errors.)

Nombre / Name

Fecha / Date

Make sure these are signed

If the prospective client has any questions about these declarations, consult with the attorney-in-charge

LA RAZA CENTRO LEGAL- LAWYERS COMMITTEE FOR CIVIL RIGHTS
IMMIGRATION

DECLARATION OF UNDERSTANDING

Date: _____

I, _____, understand that all of the information I share in this legal consultation today is confidential and that I have to tell the truth to receive correct advice. I also understand that the attorney or volunteer can only give me information during the consultation today and cannot provide further legal services outside of the consultation unless a separate contract is entered into. I understand that it is important to consult with a known organization or a recommended attorney (not a notary or immigration consultant) before filing any applications with immigration to prevent fraud and grave consequences.

Full Name: _____

Date of Birth: _____

Signature: _____

FILING FEES AND SUGGESTED DONATION

I understand that the costs of filing fees will not be paid for by La Raza Centro Legal.

La Raza Centro Legal kindly suggests a donation of \$30 or however much you are able to donate at the time, but I understand that this is not a requirement.

Date: _____

Client Name: _____

Client Signature: _____

This is the only page in the intake packet that does NOT need to be filled out/signed

Informed Consent to Submit an Request/Petition for Immigration Benefits

I, _____, have been informed of the benefits and risks of submitting the following petition or request for immigration benefits:

_____.

I understand that the risks of submitting a petition or request for immigration benefits include, but are not limited to:

- the denial of my case;
- being detained by Immigration and Customs Enforcement ("ICE"); and
- receiving a Notice to Appear ("NTA") before the Immigration Court for removal proceedings (deportation).

I hereby:

☐ Do not consent to submitting a request or petition for immigration benefits and indicate that I do not wish to pursue my case further.

☐ Consent and authorize La Raza Centro Legal and their authorized representatives to submit my request or petition to the United States Citizenship and Immigration Services ("USCIS"). I understand that there is no guarantee that my case will be approved. I understand that if my case is denied and I receive a Notice to Appear before the Immigration Court I have to appear for removal proceedings (deportation), and it is my responsibility to find a lawyer to represent me before the Immigration Court because La Raza Centro Legal does not promise to represent me before the Immigration Court.

Client's Signature

Date

Substantive intake

- Write YOUR name on the questionnaire so we know who interviewed whom.
- The first question: what brought you to the clinic today?



CLIENT INTAKE FORM

Date: _____ Referred by: _____

Name: _____ Tel:(cell) _____ (other): _____

Address: _____ Date of Birth: _____

Email: _____

Nationality: _____ Place of Birth: _____

Immigration History

1. When did you first enter the U.S.? _____ When was the last time? _____

2. How did you enter the last time?

☐ Visa: _____

☐ No papers, but at a check point: _____

☐ Not inspected/other: _____

3. List all entries to and exits from the U.S. (Give dates, and whether or not you went through an immigration inspection upon those entries.)

Entry	Exit	Inspected by Imm Authorities?	If yes, what status (visa) did you have on entry?	When did authorized stay expire?

(Make a copy of any visas and I-94s)

4. What problems have brought you here to this office? What do you hope that the advocate can do about those problems?

5. Have you ever been ordered removed or deported from the U.S.? Yes/No

6. Have you ever been in immigration court? Yes/No

7. Have you ever been stopped by immigration officials? Yes/No

If yes to any of above,
describe:

Substantive intake

- Attorney volunteers can decide which follow-up questions to ask
- Non-attorney volunteers, please ask the questions on the questionnaire
- Both groups: please take clear notes

15. Have you ever had trouble with the police or been arrested in the U.S.? If so when and for what? What sentence did you receive? _____

16. Do you have any reason to fear going back to your country? Who do you fear and why? _____

17. Have you ever been a victim of domestic abuse by a spouse, parent or child? Yes/No

18. Have you ever been threatened or harmed by a spouse, parent or child? Yes/No

If so, did your spouse, parent or child have U.S. citizenship status or lawful permanent residency? Yes/No

19. Have you ever been the victim of a crime? If so, what crime? Yes/No

If so, did you report it to the police or help with the criminal investigation or prosecution? Yes/No

20. Did anyone recruit you in your home country to work in the United States? Yes/No
Did you feel forced to work or tricked into working? Yes/No
Were you required to work without pay? (or less pay than allowed or expected)? Yes/No

21. Have you been abandoned, abused, or neglected by a parent? Are you currently under the jurisdiction of a juvenile court (dependency, delinquency or probate guardianship)? Yes/No

Additional Notes

REMEMBER

- At the end of each consult:
 - Check in with the attorney in charge
 - Give the intake form, with your notes on it, to the attorney in charge
 - Give the prospective client a referral sheet