

Legal Aid Foundation of Santa Barbara County



A Guide for Volunteers & Interns

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~LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY~

WHAT WE DO

Legal Aid Foundation of Santa Barbara County was formed in 1959 to provide free legal assistance to low income, indigent, and elderly residents of Santa Barbara County in civil matters where basic human needs are at issue. **Roughly 35 % of all cases are family law involving domestic violence or child abuse and 35-40% are housing matters where discrimination, habitability, or retaliatory evictions are a primary factor. The remaining cases include public benefits, social security disability and SSI, access to health care and elder abuse.**

People, often families, come to us when they have been living with battering and abuse, in dilapidated, dangerous or unhealthy conditions. Frequently they are homeless, without adequate means or ability to care for their basic needs, denied critical services and suffering all manner of ailments. They come to us frightened, angry, often feeling as if they have been given the runaround everywhere else and we are their last resort. They are not usually hopeless, but often they are nearly so. They are not usually helpless, but often their frustration, confusion, and lack of information make them seem so, especially to themselves. This is an awareness we should all carry with us into every encounter. We need to be patient when they are inarticulate, helpful when they are gruff, direct when they are manipulative, and grateful when it's easy.

Our greatest gift is to accept their cases and right what was wrong. Sometimes even when the outcome is not successful our clients have gained valuable information about how to live more effectively in the future. Even if we cannot take their case it is important to provide them with information about where they stand, what their options are, or to inform them of other assistance that might be available to them.

MISSION STATEMENT/VISION

To ensure low-income persons and seniors have access to the justice system -- to secure safe shelter, adequate income, and protection from domestic violence and elder abuse.

VOLUNTEER OPPORTUNITIES

The Legal Aid Foundation of Santa Barbara County welcomes volunteer and student interns in our Santa Barbara office. Volunteers and interns will gain experience in the workings of a public interest law office. Responsibilities include assisting the Intake Coordinator with screening clients and creating and maintaining client records in our database, assisting staff attorneys with research, document preparation and filing, and assisting the Executive Director with web site content creation and management, fundraising and public relations projects.

Volunteers and interns should have experience using Windows XP, Microsoft Access, Word, Excel and Internet Explorer. Applicants interested in assisting with the web site should also have experience with Macromedia Contribute and/or Dreamweaver. Internships are unpaid but academic credit can be arranged.

~HOW TO INTERACT WITH CLIENTS~

INTERVIEWING CLIENTS

Make sure everyone fills out an intake form before we assist them. (See the sample Intake Form on Page X.) The intake form allows us to collect needed information for a case and for statistics that we must gather on each of our clients. An intake form must be filled out before we provide information or assistance on their case. By providing the information, we are fulfilling our obligations to our grant funders in statistical form. Often when the public understands the reason for requesting the information, they are more than willing to provide it.

Income guidelines do not apply to DV Cases or Elder Law Cases, it is important however to screen all other clients to see if they qualify for LAF Services.

FYI: In most cases we use the same income guidelines as the courts use for filing documents. Do not disclose the income guidelines to clients.

For those who are Spanish speaking, we have intake forms in Spanish. (See the sample Spanish Intake Form on Page X.)

Do not make predictions about the outcome of motions or other matters pending before the court. Many times people will ask what their chance of prevailing on a motion may be or they might ask about the other side's chances of prevailing. We should never estimate the chances for failure or success. Doing so may give the client false hope, or the information may be perceived as legal advice.

Treat everyone with respect. Many of the people coming to Legal Aid will be irritable and frustrated because they have already been to different agencies or departments and did not receive the information they needed. Others will be frustrated because they discover they are unable to accomplish what they are trying to do. Even though we may not be able to tell people what they want to hear, we can always treat people with respect.

Sometimes people have disabilities that make it difficult for them to speak or be understood. It may take time to listen to them before you will understand what they are trying to say. Try to be patient and let people express themselves. **However, you can help direct the conversation by asking key questions so the person will be able to get to the point and provide the information you need to assist him or her.**

Clients and young children. Children often get restless in the office and can easily damage equipment and materials if they are not supervised. It is fine to encourage people to leave their children in the front office when appropriate. If someone has a child who is too young for the Waiting Room, we should ask them to reschedule and come back when they have someone available to watch their child/ren. This will allow the client and staff a more relaxing and controlled atmosphere. In certain cases, we do not want young children to be exposed to negative and potentially hurtful information.

REFERRING PEOPLE TO OTHER COMMUNITY RESOURCES

Make sure you are referring the person to the correct place before sending him or her there. There is nothing worse than being shuffled from one place to another. We should not be adding to people's frustration by sending them to the wrong place. Make sure you understand what the person needs or where they have to go before sending them someplace else. Sometimes it is best to call the referred agency or department to make sure it can accommodate the person before sending him or her there.

We can refer people to other community resources such as the following:

Legal Resource Center ("LRC") A walk-in self-help center for those planning to represent themselves in civil court.

Project Outreach ("P/O") is a Legal Aid Foundation program which offers a **Free Private Consultation** (not representation) with a Local Volunteer Attorney. Visitors are seen on a "first-come, first-served" basis.

Senior Outreach ("S/O") is for clients 60 years of age or older. This program is offered by appointment only.

We have brochures to hand out that explain the services available through Project Outreach, Senior Outreach, and the Legal Resource Center.

The **Lawyer Referral Service** ("LRS") is a program that will benefit those who need some legal guidance but cannot afford to hire an attorney to handle an entire case. The LRS charges a fee of \$35 for a thirty-minute consultation with an attorney in a specified field. The attorney donates his or her time for the 30-minute consultation. If the attorney is hired for services or consultation beyond the initial 30 minutes, the client must pay his or her regular hourly rate. It is important to stress when referring people to the LRS that they tell the receptionist what type of lawyer they need. We need to remind people that many lawyers practice in limited fields, and a lawyer who does divorces, for example, may not know what to do about a boundary dispute between two neighbors.

We have a brochure that describes the LRS.

Family Law Facilitator ("FLF") offers custody and visitation classes and walk-in appointments. Child support and/or spousal support must be an issue in some cases to be seen by the FLF. We have brochures in English and Spanish about this program.

For other county agencies, use the Referral Directory. When we refer someone to another agency, we need to note at the bottom of the Call Log Form where we referred the client.

~TIMEKEEPING AND OFFICE SCHEDULE~

Let us know when you are available and unavailable to work. We certainly appreciate any time you can give us and do not require that you "punch a clock" or volunteer unconditional amounts of time. However, we do request that you schedule the hours you will work in advance and notify us if you will be unavailable during any time you have already committed to work.

The contact person is the Intake & Volunteer Coordinator who can be reached at 963-6754 x. 108. Please leave a message if there is no answer.

TIMECARDS

The nature of our business requires accurate and prompt reporting of all volunteer hours. **EACH IN-KIND VOLUNTEER IS RESPONSIBLE FOR TRACKING AND SUBMITTING ALL HOURS WORKED WITHIN A MONTH.** The importance of timekeeping cannot be overemphasized and keeping accurate records of volunteered time should be viewed as a primary responsibility for each volunteer. We ask that you submit timecards to the Fiscal Administrator by the 5th business day of the month following the month in which the hours were volunteered. Please see the next page for a sample of an in-kind timesheet.

HOLIDAYS AND EVENT SCHEDULE:

Office hours are 9 a.m. to 5 p.m. Monday through Friday. The office is closed on the holidays noted below. Events shown are for informational purposes; we welcome volunteers to help with events.

January	New Year's Day	Feb./March	Law Day Run/ N.C. Fundraiser
January	Dr. Martin Luther King Jr.'s Birthday	April/May	Annual S.C. Fundraiser
February	Lincoln's Birthday	May	Law Week Bar Assn. Programs
February	President's Day	May	Fair Housing Testing
March	Cesar Chavez Day	September	Golf & Tennis Tournament with Live & Silent Auction
May	Memorial Day		
July	Independence Day		
September	Labor Day		
October	Columbus Day		
November	Veteran's Day		
November	Thanksgiving		
December	Christmas Day		

LEGAL AID FOUNDATION OF SANTA BARBARA COUNTY

IN-KIND TIME AND ATTENDANCE RECORDS

MONTH: _____, 2004

VOLUNTEER'S NAME _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

TOTAL HOURS: _____

Standard Hourly Billing Rate: _____

Brief Description of Services

Rendered: _____

Volunteer's signature

Date

Supervisor's signature

Date

~INFORMATION ABOUT VOLUNTEERING AT LEGAL AID FOUNDATION~

SAFETY

Legal Aid Foundation strives to provide a safe and healthy environment. Unsafe conditions should be reported immediately to a member of the staff. Any injury that occurs on an assignment must be reported to the Executive Director as soon as possible. Under no circumstances, except in an emergency, should a volunteer leave without reporting an injury that occurred. Volunteers are not covered by Legal Aid Foundation's workers compensation insurance.

BULLETIN BOARDS

Legal Aid Foundation of Santa Barbara County communicates important information such as safety and employment information by posting the notices near the copy area. Each volunteer is

responsible for reading the posted information. In addition, two bulletin boards are maintained with pertinent information on the walls within the main hallway

COMPUTERS

If your assignment requires that you use a computer, we ask that you log-in with the user name "Intern." No password is required with this user name. If someone else has logged-in at the computer where you are asked to work, please log-off that user and log-in as "Intern" before proceeding. If you need assistance see the Intake and Volunteer Coordinator. The computer desktop includes a shortcut to an Intern folder where you can save any documents you are working on. We ask that you create a personal folder within the Internet folder, labeled with your name, and save any documents you work on within your personal folder.

ELECTRONIC MAIL

Legal Aid Foundation of Santa Barbara County also uses electronic mail to communicate information. Electronic mail is for business purposes only. Messages should be both professional and appropriate in their content and format. Please be aware that electronic mail, like all electronically stored files, is considered the property of Legal Aid Foundation of Santa Barbara County when it is created, received and/or stored on Legal Aid Foundation-owned computers and networks. Therefore, confidential information of a personal nature should not be transmitted or stored within our electronic mail system.

INTERNET

Legal Aid Foundation of Santa Barbara County uses the Internet to access legal materials and information relating to client case and the operation of our day-to-day business. Please be aware that the time you spend on the Internet is monitored and the files stored. Please refrain from accessing the Internet for personal use. Anyone caught viewing inappropriate websites will be asked to leave.

It is LAF's policy that authorized user's log on and off the Internet when using WESTLAW for legal research. There are two important reasons for this request:

- 1) It allows other users to log on and access the system
- 2) It (logging on and off) keeps our costs down

SOLICITATIONS

In an effort to assure a productive and harmonious work environment, persons not employed by Legal Aid Foundation may not solicit or distribute literature in the workplace at any time for any purposes.

SMOKING

In consideration of the health and comfort of others, smoking is strictly prohibited in LAF offices and where local non-smoking ordinances are in effect.

PARKING

Parking spaces available to staff are limited to four spaces. We ask that interns and volunteers please use street parking or City-operated parking lots. Note that street parking in the immediate vicinity of the office is limited to 75 minutes.

DRESS CODE

Volunteers are asked to present a clean and neat appearance and to dress according to the requirement of their assignment.

TELEPHONE USAGE

Telephones are a vital part of our business and frequent and/or lengthy personal use of the telephone hinders efficiency. Any personal use of the telephone should be brief and limited to emergencies or unusual circumstances. If it is necessary to make a personal long distance call, it should be billed to your personal telephone or credit card.

CELLULAR PHONES

If you own a mobile phone and use it while volunteering at Legal Aid Foundation, we ask that you observe commonsense etiquette:

- Please refrain from loud public conversations as if the person you are talking to is in the same room with you. (Find a private place to make your phone call.)
- Turn the ringer off during meetings so there are no interruptions.
- Keep the phone tucked away so no one trips, fall or crushes it in the normal course of doing business.

ALCOHOL AND DRUG USE

Volunteers who use, possess or are under the influence of alcohol or illegal drugs while on LAF premises, in vehicles or while working on LAF business, not only present a hazard to themselves and other employees, but also damage the morale of all employees and endanger LAF goodwill with its clients. As a result, LAF strictly forbids the possession, sale or use of alcohol or illegal drugs while on LAF premises, in vehicles or while performing services for LAF.

The use of alcohol or illegal drugs prohibited by this policy includes arriving at your volunteer assignment under the influence of alcohol or illegal drugs, and returning from breaks or meals under the influence of such substances.

CONFIDENTIALITY OF PROPRIETARY INFORMATION

LAF may have certain proprietary products and processes that are unique to our business. LAF protects proprietary information by restricting access to certain designated LAF areas and documents to only those who have business reasons to view them. Such information is also

restricted in its use to matters directly associated with LAF business and is not for dissemination in any form outside LAF.

STANDARDS OF CONDUCT

The following list includes examples of conduct that is considered unacceptable. It is not a complete list:

- Falsification or material omission on LAF records.
- Possession, selling or using alcohol or illegal drugs while performing services on behalf of LAF (refer to the Alcohol and Drug Abuse policy for further clarification).
- Theft or unauthorized removal of property from (including but not limited to) LAF, fellow volunteers and employees, clients, vendors or anyone on LAF's property.
- Willful or negligent destruction of LAF property.
- Violation of LAF policies and procedures.
- Harassment, threats, intimidation or coercion of co-workers.

POLICY AGAINST HARASSMENT

LAF is committed to providing an environment that is free of discrimination, threats and/or coercion. All volunteers and interns are encouraged to immediately report any incidents of potentially threatening, harmful or criminal behavior of co-workers, supervisors, customers, clients or visitors to the Executive Director.

SECURITY AND LOSS PREVENTION

Volunteers are encouraged to assist management in ensuring that office security is not compromised in any way and that LAF property is protected from losses. Please report any suspicious activity that you observe while on Legal Aid Foundation property to the Intake and Volunteer Coordinator.

EQUIPMENT

During the course of your assignment you may be issued, or authorized to purchase, LAF-owned equipment to assist you in performing your work assignment. All equipment purchases must be approved **in writing** by the Executive Director before placing an order or making a purchase.

It is your responsibility to take all reasonable precautions for the safekeeping of all LAF-owned equipment in your possession and to promptly report any equipment problems to the Intake and Volunteer Coordinator. LAF-owned equipment is available for the use of all employees and volunteers on an "as needed" basis and should not be considered the sole property of any one individual. It is your responsibility to maintain an accurate inventory of equipment in your possession and to promptly return all property as soon as it is no longer required. When a leased or temporary employee's assignment ends, all LAF-owned equipment must be returned on the last day worked.

PROBLEM RESOLUTION POLICY

LAF is committed to maintaining a positive environment for all volunteers and employees. It is important to know what resources and options are available for questions, complaints and concerns in the work place.

The first, and often best, approach to problem resolution is direct communication. Trying to resolve a problem directly with the person involved is always recommended. If direct communication does not work to resolve the problem or if you are not comfortable with this approach, there are several other options available. The next step would be to discuss the problem with the Intake Coordinator, or with the Executive Director.

CONFIDENTIAL INTAKE QUESTIONNAIRE

Case Code: _____ Conflict of Interest Y/N Previous Client _____ visit CASE NUMBER: _____
INTAKE DONE: ___/___/___ BY: _____ DATE OPENED: ___/___/___

CLIENT: _____
ADDRESS: _____ LAST FIRST MIDDLE
Number Street Name Apt. # City State ZIP CODE
TELEPHONE: _____
Residence Work (hrs: ___ to ___) Message/Cell

BIRTH DATE: ___/___/___ AGE: _____ (M) (F) SOCIAL SECURITY #: _____
For clients age 60 yrs. or more: (Y) (N) Soc. Needy (Y) (N) Econ. Needy

Employer: _____ Address: _____ Occp'n: _____

OTHERS IN CLIENT'S HOUSEHOLD: Table with columns: Birth Date, Age, Relation to Client, Employed?
1. _____ []
2. _____ []
3. _____ []
4. _____ []

Learned of LAF by: _____
Date of Marriage: ___/___/___
Total # in Client's Household: _____
Date of EPO: ___/___/___
Date of EPO Exp: ___/___/___
Date of Separation: ___/___/___

M/ST: (S) Single (M) Married (D) Divorced (P) Separated (W) Widowed (U) Unknown
LANG: (E) English (S) Spanish Only (W) English/Spanish (O) Other Only (Z) English/Other (H) Sign Language
LIVING A: (A) Apt. (B) Rented Hm. (C) Condo (D) Migrant Camp (H) Own Hm. (J) Jail (M) Mental Inst. (N) Nursing Hm.
(P) Prison (R) Rented Rm. (S) SRO (T) Mobile Home (U) Unknown (X) Relatives (Y) Shelter (Z) Homeless
RACE: (A) White (C) Black/African American (D) Asian/Pacific-Islander (E) Native American/Alaskan Native
(H) Native Hawaiian/Other Pacific Islander (I) American Indian/Alaskan Native and white (J) Asian and White (M) Black/African American and White
American Indian/Alaskan Native and Black/African American (Z) _____
ETHNICITY: (H) Hispanic (O) Non-Hispanic
HEAD OF HOUSEHOLD: (A) Female Head of Household (C) Male Head of Household (G) Cohabiting
DISAB: (A) None (B) Physical (C) Mental (D) Both Physical/Mental

MONTHLY INCOME: CLIENT: OTHER:
gross: net: net: ASSETS:
(E)Work: \$ _____ \$ _____ \$ _____ Cash: \$ _____
(I) SSI: \$ _____ \$ _____ \$ _____ Checking: \$ _____
(S) Social Security Disability/SS \$ _____ \$ _____ Savings: \$ _____
(P) Pension: \$ _____ \$ _____ Real Property: \$ _____
(H) CalWORKS \$ _____ \$ _____ Car: Year Make/Model Value
(F) Food Stamps: \$ _____ \$ _____
(G) General Relief: \$ _____ \$ _____
(U) Unemployment Ins: \$ _____ \$ _____
(C) Worker's Compensation: \$ _____ \$ _____
(D) State Disability: \$ _____ \$ _____
(J) Child Support (A) Sp Supp \$ _____ \$ _____
(O) Other _____ \$ _____ \$ _____
TOTAL _____ \$ _____ \$ _____
Medical Expenses: \$ _____
(Total Household Income Required)

ADVERSE PARTY Relationship: _____

Name: _____ Address: _____

Phone Numbers: Office/Work: _____ Home: _____

Employer: _____ Address: _____

Occupation: _____ How Long? _____ Net Income: \$ _____
Height: _____ Weight: _____ Race: _____ Hair: _____ Eyes: _____
Date of Birth: ___/___/___ Age: _____ Facial Hair: _____ Scars/Tattoos: _____ Car: Year: _____
Model: _____ Make: _____ Color: _____ Lic. No.: _____

A/P Attorney: _____

r Open r Open/Close r Open for Investigation Only r Advice/Counsel r Brief Service r Declined r Referred r RKP/1 r BOB/6 r DAB/7
r ASL/3 r YDC/8 r TG/10 r TRO/12 r FLC/13 r Other _____

CUESTIONARIO CONFIDENCIAL DE INGRESOS

No. DE CASO: _____	CONFLICTO DE INTERES S/N Previous Client _____ visita	NUMERO DE CASO: _____
INGRESO REALIZADO POR: ____/____/____ DE: _____		FECHA DE OPERTURA: ____/____/____

NOMBRE: _____
APPELLIDO _____ **PRIMER NOMBRE** _____ **MIDDLE** _____

DOMICILIO: ____/____/____/____/____/____
 numero calle # de apartamento ciudad estado codigo postal

TELEFONO: ____/____/____/____/____/____
 residencia empleo (hrs de: ____ a ____) celular/mensaje

FECHA DE NACIMIENTO: ____/____/____ EDAD: ____ (M) (H) # de Seguro Social: _____
Para clientes de 60 años o mayores: (si) (no) Socialmente Necesitado/a (si) (no) Económicamente necesitado

empleo: _____ dirección: _____ ocupacion: _____

otros viviendo en el domicilio:	fecha de nacimiento	edad	relacion a cliente	empleado
1. _____	____/____/____	____	_____	[]
2. _____	____/____/____	____	_____	[]
3. _____	____/____/____	____	_____	[]
4. _____	____/____/____	____	_____	[]
5. _____	____/____/____	____	_____	[]

referido por: _____ fecha de matrimonio: ____/____/____ fecha de EPO: _____
 # total viviendo en hogar del cliente: ____ fecha que EPO termina: ____/____/____

ESTADO MATRIMONIAL: (S) soltero/a (M) casado/a (D) divorciado/a (P) separado/a (W) viudo/a
LENGUA: (E) inglés (S) sólo Español (W) ingles/español (O) sólo un otra (Z) ingles/otro (H) lengua de los manos
ARREGLOS DE HOGAR: (A) apt. (B) casa retada (C) condominio (D) campo de inmigrante (H) propia casa (J) encarcerado (M) institucion mental (N) hogar de cuidado de enfermos (P) prisión (R) cuarto alquilado (S) SRO (T) casa movil (U) no concido (X) linaje (Y) refugio (Z) desamparado
RAZA: (A) blanco/a (C) africano/a/americano (D) asiático islandero/a pacífico/a (E) americano nativo/nativo de alaska (H) hawayano/a nativo/otro islandero/a pacífico/a (I) indio americano/nativo de alaska y blanco (J) asiático y blanco (M) africano/americano y blanco (N) indio americano nativo de alaska y americano africano (Z)
ETHNICIDAD: (H) hispano (O) no hispano
MANTIENE DE HOGAR: (A) mantiene el hogar la mujer (C) mantiene el hogar el hombre (G) cohabitar
INCAPACIDAD: (A) ninguna (B) física (C) mental (D) ambos física/mental

INGRESO MENSUAL:

	gross:	neto:	neto:
(E) Empleo:	\$ _____	\$ _____	\$ _____
(I) SSI:		\$ _____	\$ _____
(S) Seguro Social de incapacidad		\$ _____	\$ _____
(P) Pensión:		\$ _____	\$ _____
(H) CalWORKS		\$ _____	\$ _____
(F) Estampillas de Comida:	\$ _____	\$ _____	
(G) General Relief:	\$ _____	\$ _____	
(U) Seguro de desempleo:	\$ _____	\$ _____	
(C) Compensación de Trabajo:	\$ _____	\$ _____	
(D) Incapacidad del Estado:	\$ _____	\$ _____	
(J) Pensión alimenticia/pensión de sostenimiento de niños	\$ _____	\$ _____	
(O) Otro _____	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	

CLIENTE: _____ OTRA: _____

PERTENENCIAS:
 efectivo: \$ _____
 cuenta de cheques: \$ _____
 cuenta de ahorros: \$ _____
 propiedad: \$ _____
 auto: año _____ marca _____ valor _____
 / /

OBLIGACIONES:
 Renta Total: _____
 Depósito de Seguridad: \$ _____
 Hipotecario: \$ _____
 Ciudad de niños: \$ _____
 Gastos medicos: \$ _____

Nombre: _____ Persona Adversa Relación: _____
 Domicilio: _____

Numero de telefono: Empleo: _____ Residencia: _____

Empleo: _____ Dirección: _____

Ocupación: _____ Cuánto tiempo? _____ Ingreso Neto: \$ _____
 Altura: _____ Peso: _____ Raza: _____ Cabello: _____ Ojos: _____
 Fecha de Nacimiento: ____/____/____ Edad: _____ Vello facial: _____
 Vehículo Año: _____ Modelo: _____ Marca: _____ Color: _____ # de licencia: _____
 P/A abogado: _____

LEGAL SERVICES TRUST FUND PROGRAM
 Definition of "INDIGENT PERSON"
 March 3, 2004

Business and Professions Code Section 6213(d) defines "indigent person" for the purpose of the Legal Services Trust Fund Program as

"a person whose income is (1) 125 percent or less of the current poverty threshold established by the United States Office of Management and Budget, or (2) who is eligible for Supplemental Security Income or free services under the Older Americans Act or Developmentally Disabled Assistance Act. With regard to a project which provides free services of attorneys in private practice without compensation, "indigent person" also means a person whose income is 75 percent or less of the maximum levels of income for lower income households as defined in Section 50079.5 of the Health and Safety Code. For the purpose of this subdivision, the income of a person who is disabled shall be determined after deducting the costs of medical and other disability-related special expenses."

The federal government's poverty threshold is now established by the Department of Health and Human Services, which in 1982 took over the responsibility from the Office of Management and Budget. The current figures equivalent to 125% of the poverty threshold established by the Department of Health and Human Services follow:

<u>Size of Family Unit</u>	<u>Monthly</u>	<u>Annual Income</u>
1	\$969.83	\$11,638.00
2	1,301.08	15,613.00
3	1,632.33	19,588.00
4	1963.58	23,563.00
5	2,294.83	27,538.00
6	2,626.08	31,513.00
7	2,957.33	35,488.00
8	3,288.58	39,463.00
9	3,619.83	43,438.00

For family units with more than eight members, add \$3,975 to the yearly income or \$331.25 to the monthly income for each additional member in a family.

Special Income Guidelines for Santa Barbara City Residents

Extremely Low	1133	1295	1454	1616	1746	1875	2004	2133
Low	1887	2132	2425	2695	2912	3129	3341	3558
Moderate	3020	3450	3883	4312	4658	5004	5350	5691
Extremely Low	1133	1295	1454	1616	1746	1875	2004	2133
Low	1887	2132	2425	2695	2912	3129	3341	3558

Note: For households above 8 persons, add 6.5% per additional person

~CONFIDENTIALITY AGREEMENT~

Legal Aid Foundation of Santa Barbara County acknowledges both a legal and ethical responsibility to protect the privacy of our clients. Consequently, the indiscriminate or unauthorized review, use or disclosure of personal information, medical or otherwise, regarding any client or case is expressly prohibited.

Except when required in the regular course of business, the disclosure of client or case information is strictly forbidden.

No volunteer shall read or release client information obtained through their volunteer assignment or internship in any form, and especially from case files or computer information systems, except as required in the performance of their volunteer duties and then only as outlined by specific position descriptions.

A single violation of this policy will result in immediate discharge.

I have read and agree to the above statement.

Please Print Name

Signature of Volunteer, Intern, Employee

Date

Witness Signature

Date

AUTHORIZATION RELEASE FORM

Legal Aid Foundation of Santa Barbara County recognizes the importance of maintaining a safe workplace with people who are honest, trustworthy, qualified, reliable and non-violent, and do not present a risk of serious harm to their co-workers or others. For purposes of furthering these concerns and interests, **Legal Aid Foundation of Santa Barbara County** reserves the right to investigate an individual’s prior employment history, personal references and educational background, as well as other relevant information that is reasonably available. In accepting volunteers for assignments, **Legal Aid Foundation of Santa Barbara County** may review an applicant’s criminal background, if any. Consistent with these practices, applicants may be asked to sign an Authorization Release Form. **Legal Aid Foundation of Santa Barbara County** reserves the right to exclude any applicant from consideration of volunteer or employee positions, where the applicant refuses to sign an **Authorization Release Form**.

By signing below, I authorize **Legal Aid Foundation of Santa Barbara County** to review my employment and educational history, personal references, and criminal background as well as other relevant information that is reasonably available.

Applicant’s Signature

Date

Acknowledgement to be signed by Volunteer/Intern

I _____ hereby acknowledge that I have received a copy of the **Volunteer/Intern Handbook**, have read it and agree to abide by the guidelines.

Signature

Date