Montana Legal Services Association Service Provider Screening Tool



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Complete this application to see if there are issues MLSA can assist you with. It is only used to give MLSA your contact information, they will contact you for a full intake. **See backside**

Name:			
	First	Middle	Last
Address:			
Street, Apt/Unit, City/State/Zip Safe to receive mail at this address? Y 🗆 N 🗆			
Phone:()			
	/	What	is the best way to reach you? (Check all that apply)
Birthdate (mm/dd/yyyy):// SSN: XXX-XX			
Gender: Female Male Other gender Prefer not to say Date:			
In the past year have you or family members you live with experienced any of the following problems?			
			Space for details:
$\circ \circ$	Divorce		
C ₂ Υ	Parenting Plan Order of Protection		
S	Wills and estate planning		
	Housing subsidy/voucher		
-	Evictions		
	Foreclosure		
የደነ	Mobile home issues		
	Returning deposits		
	Utility shutoff		
	, Garnishment (wage withhol	ding)	
((\$))	Collection Harassment		
	Repossession		
	Medicaid		
<u>(</u>)	Disability		
(ar)	SNAP/Food stamps		
	TANF		
ዋ	Employment		
	Immigration		
	Children getting school		
U	services		
Have you been served any documents, or have scheduled hearings/deadlines? Y N Space for details:			

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Fax: (406) 442-9817

Montana CCR&RA-Legal Partnership AUTHORIZATION TO SHARE CASE-RELATED INFORMATION WITH Montana Legal Services Association

I, ______, voluntarily authorize the **Child Care Resources**, to use or disclose specific information including my identifying information and the outcome of my case to legal services, *Montana Legal Services Association*. I understand **I am required** to sign this release in order to send this referral to MLSA.

The MLSA may also orally discuss my situation freely with employees of MLSA. Facsimile, photostatic, carbon or other copy of this authorization shall be treated as an original.

Signature for Legal Authorization:

Signature of Client/Guardian/Client Representative

Date

Montana CCR&RA-Legal Partnership

AUTHORIZATION TO SHARE CASE-RELATED INFORMATION WITH Child Care Resources

I, ______, voluntarily authorize the **Montana Legal Services Association** (MLSA), to use or disclose specific information including my identifying information and the outcome of my case to this social service provider, *Child Care Resources*. I understand I am not required to sign this release in order to receive services from MLSA.

The MLSA may also orally discuss my situation freely with employees of MLSA. Facsimile, photostatic, carbon or other copy of this authorization shall be treated as an original.

Signature for Legal Authorization:

Signature of Client/Guardian/Client Representative

Date

Please Review the following information:

- All of MLSA's services are free, confidential and voluntary
- You must sign the top release in order to send this referral to MLSA
- MLSA will call you from a restricted number within 5 business days of receiving your application
- MLSA may text or email you initially to schedule an intake appointment if you check that it is safe to do so
- MLSA will prioritize callbacks if you have a hearing or deadline
- You can call the toll-free number if you have any questions (800-666-6899)
- You can find up-to-date legal information, forms, and resources at MontanaLawHelp.org