

## Screening for Health Harming Legal Needs

### Income and Employment

*Goal: Identify issues related to attainment of due income and benefits that impact health*

**Please indicate if any of the following describes a concern you have about your income/employment or benefits. You may select none or more than one answer.**

1	a. I am unable to earn income as a result of my health condition.	<input type="checkbox"/>	e. Medicare/Medicaid/Health Insurance	<input type="checkbox"/>
	b. Disability benefits	<input type="checkbox"/>	f. Unemployment benefits/compensation	<input type="checkbox"/>
	c. Supplemental Nutrition Assistance Program (SNAP)/ Special Supplemental Nutrition Program for Women, Infant, and Children (WIC)	<input type="checkbox"/>	g. Child support	<input type="checkbox"/>
	d. I have debts that I am unable to pay and am being harassed/sued by creditors &/or my income is being garnished.	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

### Personal and Family Stability

*Goal: Identify issues related to personal and family stability that impact health*

**Please indicate if any of the following describes a problem(s) with your family's situation. You may select none or more than one answer.**

2	a. Are you afraid of someone you love?			<input type="checkbox"/>
	b. Do you have guardianship or custody issues?			<input type="checkbox"/>
	c. Are you concerned about the welfare of one of your children or a child that you live with?			<input type="checkbox"/>
	d. Do you have a Power of Attorney for Healthcare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e. Do you have a Power of Attorney for Property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Housing and Utilities

*Goal: Identify issues related to housing that impact health*

**Please indicate which of the following describe a problem(s) with your housing situation. You may select none or more than one answer.**

3	a. Bugs (e.g., roaches) or rodents	<input type="checkbox"/>	f. Medical condition that makes it difficult to live in current house	<input type="checkbox"/>
	b. General cleanliness	<input type="checkbox"/>	g. Mold or dampness	<input type="checkbox"/>
	c. Landlord disputes	<input type="checkbox"/>	h. Overcrowding	<input type="checkbox"/>
	d. Lead paint	<input type="checkbox"/>	i. Threat of eviction	<input type="checkbox"/>
	e. Unreliable utilities (e.g., electricity, gas, heat)	<input type="checkbox"/>	j. Other (please specify):	<input type="checkbox"/>

## Education

*Goal: Identify issues related to education or employment that impact health*

**Please indicate if the following describes a problem with your child's education.**

4	a. A child of mine is receiving or should be receiving special education services but the school is not addressing their needs, or my child is repeatedly suspended/expelled.	<input type="checkbox"/>
---	---	--------------------------



MEDICAL LEGAL  
PARTNERSHIP  
*of southern Illinois*

618.942.2171 x 36620

[mlpsi@lollaf.org](mailto:mlpsi@lollaf.org)