BAY AREA LEGAL AID
WORKING TOGETHER FOR JUSTICE

GENERAL REFERRAL FORM – Housing

Return completed form to Lisa Greif at: (fax) 510-663-4740 or lgreif@baylegal.org

CONTACT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	ZIP CODE
Safe to send mail? Y ☐ / N ☐		
BEST WAY TO CONTACT YOU	SAFE PHONE NUMBER	EMAIL ADDRESS
☐ Phone ☐ Email ☐ Text		
IS IT OKAY IF WE TEXT YOU?		EMERGENCY CONTACT
☐ No ☐ Yes, my cell phone company is:		

INFORMATION ABOUT YOU:

DATE OF BIRTH	LANGUAGE(S) YOU SPEAK	GENDER
___/___/___		☐ Female ☐ Male ☐ Transgender Male ☐ Transgender Female ☐ Other:_______
ARE YOU A U.S. CITIZEN?	ETHNICITY (choose one)	RACE (check all that apply)
☐ Yes ☐ No	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Black ☐ Asian ☐ White ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Other:_______

INFORMATION ABOUT YOUR LEGAL ISSUE:

PLEASE DESCRIBE YOUR LEGAL PROBLEM:
PLEASE LIST THE NAMES OF THE PEOPLE OR COMPANIES WHO CAUSED THE PROBLEM. (NAME OF NEIGHBORS, LANDLORD, PROPERTY MANAGER, AND/OR HOUSING AUTHORITY):

HOW DID YOU HEAR ABOUT BAY AREA LEGAL AID? ____________________

INTERNAL USE ONLY:

Referred to LAL on: ____________________ By: ____________________

Completed by LAL on: ____________________ By: ____________________

HOUSING HISTORY:

Currently HOMELESS ☐ Yes ☐ No

At imminent risk of homelessness ☐ Yes ☐ No
(Unlawful Detainer filed, Sherriff's Notice to Vacate or Lockouts)

Fleeing DV ☐ Yes ☐ No

HOMELESS in the past 24 months ☐ Yes ☐ No

Fled DV in past 24 months ☐ Yes ☐ No

Is the client enrolled in Medi-Cal? ☐ Yes ☐ No
Medi-Cal Number (if known): ______________________

TELL US ABOUT WHO LIVES WITH CLIENT NOW:

FIRST AND LAST NAME	AGE	BIRTH DATE (IF KNOWN)	RELATIONSHIP TO YOU
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	