

C·M·L·P

CAROLINAS MEDICAL LEGAL PARTNERSHIP TEAMING UP FOR A HEALTHIER COMMUNITY

REFERRAL FORM (2 PAGES TOTAL)

FROM:

Date of Referral:	Referral Location:
Name of Referring Provider*:	
Provider Phone Number:	
Provider Email Address:	

* Provider is CHS employee making referral and primary contact for case follow-up.

TO:

Charlotte Center for Legal Advocacy & Legal Aid of North Carolina	PLEASE SEND ALL REFERRALS TO: Elizabeth Garcia Office: (704) 971-2603 Cell: (704) 430-9212 Fax: (704) 870-3234 ElizabethG@CharlotteLegalAdvocacy.org
LEGAL MATTERS THAT <u>MAY</u> BE HANDLED BY LEGAL AID OR LEGAL SERVICES:	
Domestic Violence <input type="checkbox"/> Domestic Violence Protective Orders	Exemptions <input type="checkbox"/> Claiming Exempt Property after a Judgment
Housing <input type="checkbox"/> Housing Repairs / Poor Housing Conditions <input type="checkbox"/> Loss or Potential Loss of Housing Subsidy <input type="checkbox"/> Eviction / Self-Help Eviction <input type="checkbox"/> Housing Discrimination / Fair Housing Claims	Expunctions <input type="checkbox"/> Expunctions of Criminal Records
Appeals for Public Benefits (not initial applications) <input type="checkbox"/> Medicaid or NC Health Choice <input type="checkbox"/> Social Security Disability / SSI <input type="checkbox"/> Work First / TANF <input type="checkbox"/> Food Stamps / Nutrition Assistance <input type="checkbox"/> Affordable Care Act Coverage	Tax Issues <input type="checkbox"/> Assistance with IRS tax problems
Immigrant Justice <input type="checkbox"/> Relief for Victims of Domestic Violence, Violent Crimes, Sexual Assault or Child Abuse and Neglect <input type="checkbox"/> Relief for Victims of Human Trafficking <input type="checkbox"/> Asylum <input type="checkbox"/> Temporary Protected Status Applications <input type="checkbox"/> Defense in Removal Proceedings	Veterans and Survivors <input type="checkbox"/> VA Benefits <input type="checkbox"/> Issues with Discharge Status <input type="checkbox"/> Unemployment <input type="checkbox"/> Landlord/Tenant issues
	Estate Planning (for seniors, veterans, terminally ill persons and those who are HIV positive) <input type="checkbox"/> Wills, Powers of Attorney, Advance Directives <input type="checkbox"/> Standby Guardianship
	Consumer Protection <input type="checkbox"/> Foreclosures <input type="checkbox"/> Predatory Lending Practices <input type="checkbox"/> Fraudulent/Deceptive Business Practices Towards a Consumer <input type="checkbox"/> Financial Exploitation of the Elderly (60+) <input type="checkbox"/> Other: Please explain on next page.

LEGAL MATTERS NOT HANDLED BY CMLP

Patients living in South Carolina, should contact SC Legal Services directly at 888-346-5592. Carolinas Medical-Legal Partnership does **NOT** handle **criminal, traffic, divorce, child custody, or personal injury matters**. Patients with those problems should call the **Lawyer Referral Service of the NC Bar Association** directly at 1-800-662-7660 (also available in Spanish).

Uninsured patients may schedule a free one-on-one appointment directly with a NC Health Insurance Navigator by calling call 1-855-733-3711 or online at GCAconnector.org to receive assistance with Medicaid, NC Health Choice or Affordable Care Act applications.

1. Deadlines/Emergencies

- Please describe known legal or medical emergencies, such as an upcoming hearing, appeal deadline, or admittance to hospital.

2. Patient Information **Please review all information with your patient prior to sending this referral.**

Name:		Birth Date: / /	
Parent or Guardian's Name (if applicable or under 18):		Parent's Birth Date: / /	
Street Address		City	State
Zip Code	County of Residence	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Preferred Phone No.: ()	Additional Phone No.: ()	E-mail:	
Patient's Primary Diagnosis:			

May we send mail to this address and email address? YES NO Limitations: _____

May we leave messages at each of these numbers? YES NO Best time to call: _____

3. Other Information About the Legal Problem

- **Full Name of Adverse Party** (Person/Agency causing problem): _____
E.g., landlord, creditor, employer, school, or public agency with which patient has dispute
- ****Contact Information for Adverse Party, Including Phone Number, Address, and Birth Date****
(Provide as much information as possible):

**As a law firm, we must determine if we have any potential conflict of interest before we can complete the application process.
We **will not** contact the adverse party without applicant's permission.**

- **Please provide any relevant facts to help us understand the legal problem.**

4. Consent to Referral and Follow Up

I authorize the health care providers of Carolinas HealthCare System to discuss my situation (or the patient(s) for whom I am the guardian or representative) including Protected Health Information (PHI) with the legal providers through the Carolina Medical-Legal Partnership (CMLP) to the extent necessary to help resolve the problems listed above. I also authorize the CMLP legal providers and their staff to discuss my situation with my health care providers to the extent necessary to help resolve my legal problem or further my medical care.

Signature of Patient, Parent or Representative

Today's Date

Referring Health Care Provider's Signature

Today's Date