

Provider Guidance: Legal Needs Screening

This tool can be used in conjunction with Bright Futures™ during well checks.



Who do you live with?

Follow-Up Questions

Patient DOES NOT live with mother or father

- ▶ Who enrolled the patient in school?
- ▶ Who signs forms for the patient when you need an adult needs to sign?
- ▶ Who has legal custody of the patient?

Refer to HJA If...

- ▶ Patient's caregiver doesn't have legal custody or paperwork/authority they need to enroll kid in school

How HJA Might Be Able to Help

- ▶ Help caregiver get power of attorney or third party custody, or qualify for DC's grandparent caregiver subsidy

What type of place do you live in?

Any response, screen for housing condition issues

- ▶ Is there mold, bugs, mice, peeling paint, water leaking, or rats where the patient lives?
- ▶ Does the patient ever go without electricity, heat, or running water?

Patient is homeless or lives in shelter

- ▶ Has the family been unable to get into a homeless shelter or get permanent housing?
- ▶ Does the family want help accessing Medicaid or public benefits that could help pay for food or other things?
- ▶ Does the patient need more school supplies, uniforms, or help with transportation?
- ▶ Do any school staff know the patient is experiencing homelessness?

- ▶ Patient lives in housing with these or other conditions and landlord has not fixed issues

- ▶ Patient or patient's family have been determined ineligible for shelter in DC
- ▶ Landlords are refusing to rent to family
- ▶ Patient is having trouble accessing resources for homeless students through school homeless liaison
- ▶ Patient or patient's family need help accessing Medicaid or public benefits, applying for/using housing voucher, improving credit score/record

- ▶ Advocate with landlord to get conditions improved or advocate to get utilities back on

- ▶ Help patient access services for homeless students such as school supplies, school fee and transportation assistance
- ▶ Help patient or patient's family access Medicaid or public benefits, improve credit score/record, obtain/use housing voucher

In the last year, has your family been close to losing their home or apartment?

Patient responds YES

- ▶ Has the landlord threatened to kick the family out of their home?
- ▶ Is the family worried about losing housing assistance, such as a voucher?

- ▶ Landlord has threatened eviction
- ▶ Housing Authority has notified family they are at risk of losing voucher or public housing unit
- ▶ Family is withholding rent because of poor conditions
- ▶ Family is experiencing housing discrimination

- ▶ Advocate to Housing Authority to preserve voucher or housing unit
- ▶ Advocate to landlord to get conditions improved
- ▶ File housing discrimination claim

PROVIDER GUIDANCE: LEGAL NEEDS SCREENING Continued

	Follow-Up Questions	Refer to HJA If...	How HJA Might Be Able to Help
 <p>Do you eat breakfast daily?</p>	<p>Patient responds NO</p> <ul style="list-style-type: none"> ▶ Does the patient sometimes miss meals because there isn't enough food at home? ▶ If answer to above question is yes: Does the family want help accessing public benefits that could help pay for food or other things? 	<ul style="list-style-type: none"> ▶ Patient is experiencing food insecurity 	<ul style="list-style-type: none"> ▶ Ensure family is receiving correct amount of food stamps and other benefits, such as TANF and health insurance. ▶ Help unaccompanied minor or teen parent access food stamps and other benefits
<p>Have you ever not had money for food?</p>	<p>Patient responds YES</p> <ul style="list-style-type: none"> ▶ Does the family get food stamps? ▶ Does the family want help accessing public benefits that could help pay for food or other things? 		
 <p>Are you in Special Education classes?</p>	<p>Patient responds YES, NO, and/or FAILING</p> <ul style="list-style-type: none"> ▶ Does the patient need more help at school than s/he is getting? ▶ Does the patient get in trouble at school? ▶ Does the patient have a diagnosis, like ADHD, something else, that is impacting his/her progress in school? 	<ul style="list-style-type: none"> ▶ Patient needs more help at school than s/he is getting ▶ Patient has a diagnosis that is impacting his/her progress in school ▶ Patient is being disciplined, suspended or expelled 	<ul style="list-style-type: none"> ▶ Advocate to school for an evaluation, eligibility for special education services, or for changes to an existing IEP ▶ Advocate for services as an alternative to suspension/expulsion
<p>How are you doing in school?</p>			
<p>Do you ever feel you are struggling with school work compared to those in your class?</p>			
 <p>During the past 12 months, have you been threatened, teased, or hurt by someone (on the Internet, by text, or in person)?</p>	<p>Patient responds YES</p> <ul style="list-style-type: none"> ▶ Is the patient being bullied? 	<ul style="list-style-type: none"> ▶ Patient is being bullied at school 	<ul style="list-style-type: none"> ▶ Obtain a safety plan at school to prevent further bullying
<p>During the past 12 months, has anyone made you feel sad, unsafe, or afraid at school, home or anywhere else?</p>			