**Medical Legal Partnership**

**Comprehensive Opioid Child Victim Project**

**Legal Needs Assessment for Parents, Legal Custodians and Legal Guardians.**

The Medical Legal Partnership for Children (MLPC) is a program of Advocates for Basic Legal Equality (ABLE). The MLPC works with various community partners throughout the Miami Valley in order to identify and address legal issues that may be affecting the health and well-being of children in our community. Children who have been victims of crime related to drug abuse, often have experienced mental, physical and sexual abuse. This can create an unstable home life, impact their education and often put them in the care of relative or kinship providers who struggle to provide care for them,

You do not have to complete this form – participation is voluntary. If you complete the form your healthcare provider will review the form to see if you should be referred to the MLPC for further consultation

Please note: THIS FORM AND YOUR ANSWERS ARE CONFIDENTIAL AND WILL NOT BE PART OF YOUR CHILD’S MEDICAL FILE OR RECORD.

Name of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Ages of Children in the Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL AND COMMUNITY CONTEXT

1. Do you and your children feel safe at home? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
2. Have you and/or your children been hurt, intimidated, threatened or verbally abused in your home, including being threatened with violence that may include pushing, grabbing, or shoving. Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
3. Is anyone in your home using or abusing street drugs, medications or alcohol? This may include Opioids such as Heroin, Codeine, Oxycodone, Morphine, Fentanyl, or any other street or prescribed drugs. Yes: \_\_\_\_ No: \_\_\_\_\_\_
4. Are any of the children you are caring for in your home because their parent(s) are using drugs or alcohol and not able to properly care for them? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
5. Were any of the children you are caring born with drugs in their system?

Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_

1. Do you have custody of the children you are caring for? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
2. Does the child you are caring for currently have a household member or parent who has been in jail/prison Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
3. Has the child you are caring for witnessed violent events, or been present when another person overdosed? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_

ACCESS TO EDUCATION AND QUALITY

1. Is your child struggling in school? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
2. Does your child like school? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
3. Has the school suspended or expelled your child? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_
4. Has the school called you to come pick up your child early from school due to his or her behaviors? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_
5. Has the school called you to pick up your child because he/she was having headaches, stomach aches, other physical complaints or toileting accidents? Yes: \_\_\_\_\_\_ No:\_\_\_\_\_\_
6. Does your child routinely spend time outside of the classroom with the janitor, secretary or other non-teaching school employee? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
7. Do you think your child needs extra help in school because of a disability (physical or mental health related issues) Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
8. Has your child been bullied at school? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
9. Does your child have an IEP or 504 plan and still not making progress?

Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

HOUSING AND UTILITIES

1. Are you having trouble paying your rent or mortgage, or has your landlord tried to evict you from your home? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_
2. Are you currently living with others and do not have a place of your own?

Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_

1. Do you have any concerns about the condition of your housing? Is there peeling paint, mold, bugs or other conditions issues in your home that you are worried about?

Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

1. Do you have utility services such as gas, water and electric? Have you received a disconnect notice from any utility company? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
2. Does any child in your family need electricity for a health-related condition, such as an oxygen pump? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

INCOME AND INSURANCE NEEDS

1. Do you run out of food and/or money before the end of the month?

Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

1. Do you receive child support for the children in your care? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
2. Have you been denied WIC? Food Assistance? OWF? Child Support? Social Security or Medicaid Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
3. Do you have reliable transportation? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
4. Do you have a reliable phone? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_
	1. If you do not have a reliable phone, please provide the name and number of someone who will be able to get a message to you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you and your children have health insurance? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_
2. Has your medical insurance company denied your child any medical care, related services, or prescriptions even though your child’s doctor recommended it?

 Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

Briefly explain what you would like an attorney to help you with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like your health care provider to refer you to the MLPC for a consultation regarding your concerns and to determine whether you are eligible for free legal help?

Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature and Phone # Date

Please complete the form and give it to your health care provider during your appointment.

[**Medical Records and Patient Confidentiality**](https://www.lawinsider.com/clause/medical-records-and-patient-confidentiality).

The information contained in this patient legal assessment may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of Advocates of Basic Legal Equality, to further investigate potential legal needs of patient(s). If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

**For the Health Care/Mental Health Provider:** Please submit this Patient Questionnaire and the MLPC Referral Form or the MLPC Opioid Child Victim form to Attorney Joseph Warden and Attorney Robyn Traywick at Advocates for Basic Legal Equality **FAX (937)535-4600**. Any questions or concerns please contact Attorney Joseph K. Warden at **(937) 535-4414,** **jwarden@ablelaw.org** **or** Attorney Robyn Traywick at **(937) 535-4405** **rtraywick@ablelaw.org**

In Conjunction With: The Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims; The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office for Victims of Crime.