

Virginia Guardianship Intake Questionnaire

Please complete this questionnaire if you would like an appointment with the Attorney for Exceptional Family Members regarding a guardianship, power of attorney, or advanced directive for your adult child with a disability. This questionnaire must be completed prior to scheduling an intake appointment with the Attorney. Please answer the questions to the best of your knowledge; if you do not have all the information, you may still submit the questionnaire and have the intake appointment.

Please only complete this form if you and your adult child are located in Virginia. The Attorney is currently only licensed to practice law in Virginia.

To return the form, you may walk the paper copy into the Legal Assistance Office (2015 Artisan Street, Quantico, VA, 22134), mail it to Commander, OIC, LSSS-NCR (B0522), 3250T Catlin Avenue, Quantico, VA 22134), or email it directly to Attorney for Exceptional Family Members, Christina Jones (christina.jones@usmc.mil). **Please include the adult child’s IEP, if he/she has one.**

Upon submitting this intake questionnaire, the Attorney will contact you to schedule an intake appointment time. **Please bring your valid Armed Forces Military ID card(s) to your intake appointment, or attach a copy of it to your questionnaire.** At the appointment, you will discuss the case in more depth and determine if/how the Attorney can help you.

By submitting this form, you understand that the Attorney has not agreed to represent you and an attorney-client relationship has not yet been formed. However, all information disclosed to the attorney is confidential.

The Attorney makes every effort to protect your confidential information. Nonetheless, there may be times when you wish to communicate with the Attorney via email. Understanding that government email may be monitored, do you consent to communicating with the Attorney via email?

Yes _____ No _____

1. Adult Child’s Identifying Information

- a. Full Name: _____
- b. Date of Birth: _____
- c. Address: _____

d. Does the child live in a group home or facility of any kind? If so, please describe.

e. How long has the child resided in Virginia? _____

f. Child's Native Language: _____

g. Adult Child's Marital Status ____ Single ____ Divorced ____ Separated

h. Does the adult child have any children? Yes _____ No _____

i. Has the adult child executed any powers of attorney? Yes _____ No _____

If so, please include them with your intake questionnaire.

j. Has the adult child executed any advanced directives? Yes _____ No _____

If so, please include them with your intake questionnaire.

2. Adult Child's Disability

a. Please list the child's diagnoses and when the diagnoses were made.

b. Please provide a brief description of the nature and extent of the adult child's disability.

c. Please provide a brief description of the services the adult child is currently being provided for his/her health, care, safety, or rehabilitation.

d. Please rate the amount of assistance the adult child requires in order to do the below activities of daily living:

Activity of Daily Living	Requires No Assistance	Requires Some Assistance	Requires Complete Assistance	Not Applicable
Bathing				
Dressing				
Grooming				
Oral Care				
Toileting				
Transferring				
Walking				
Climbing Stairs				
Eating				
Shopping				
Cooking				
Managing Medication				
Using the Phone				
Housework				
Laundry				
Driving				
Managing Finances				

3. Mother's Information

- a. Name: _____
- b. Address: _____
- c. Status: ____Active Duty ____Retired ____Family Other: _____
- d. Rank: _____
- e. Pay Grade: _____
- f. Branch of Service: _____
- g. Duty Station: _____
- h. Phone Number: _____
- i. Email Address: _____
- j. DoD requests the following statistical information as to ethnic background of the people we serve. Please circle the applicable description(s).
 - i. African-American _____
 - ii. Asian-American _____
 - iii. Caucasian _____
 - iv. Filipino _____
 - v. Hispanic _____
 - vi. Native American _____
 - vii. Unknown _____
 - viii. Other: _____

4. Father's Information

- a. Name: _____
- b. Address: _____
- c. Status: ____Active Duty ____Retired ____Family Other: _____
- d. Rank: _____
- e. Pay Grade: _____
- f. Branch of Service: _____

- g. Duty Station: _____
- h. Phone Number: _____
- i. Email Address: _____
- j. DoD requests the following statistical information as to ethnic background of the people we serve. Please circle the applicable description(s).
 - i. African-American _____
 - ii. Asian-American _____
 - iii. Caucasian _____
 - iv. Filipino _____
 - v. Hispanic _____
 - vi. Native American _____
 - vii. Unknown _____
 - viii. Other: _____

5. Representation Information

- a. Have you consulted with an attorney regarding this matter? Yes _____ No _____
 - i. If so, are you still working with that attorney? Yes _____ No _____
- b. Will you be seeking permanent dependency for this adult child? Yes _____ No _____
- c. Relationship Between Parents:

Married _____ Separated _____ Divorced _____ Never Married _____
- d. Was the child adopted? Yes _____ No _____
 - i. If so, were the biological parents' rights terminated? Yes _____ No _____
- e. Who is seeking representation?
 - i. One parent, Name: _____
 - ii. Both parents: _____
- f. Which parent should be the primary contact for this case? _____
 - i. What is the best way to reach this parent? _____

6. EFMP Information

a. EFMP Case Manager Name: _____

i. Email Address: _____

b. *If you consent to the exchange of information between the Attorney and your EFMP case manager, please complete and submit a NAVMC11720 – Authorization to Release and Consent to Exchange Information.*

7. Availability

Please mark the times you are available NEXT WEEK for an appointment with the Attorney:

	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0900					
0900-1000					
1000-1100					
1300-1400					
1400-1500					
1500-1600					

Which type of intake appointment would you prefer?

____ Virtual

____ In-Person at Quantico Legal Assistance Office

8. Other Information

Thank you for completing this intake questionnaire. We look forward to meeting you.

CLIENT STATEMENT OF UNDERSTANDING

1. I understand that the Attorney for Exceptional Family Members (“Attorney”) provides services to eligible clients regarding their cases involving guardianship or less restrictive alternatives in accordance with governing statutes, regulations, and policies.
2. I understand that I must submit an intake questionnaire and make an appointment for an intake interview with the Attorney. I understand that the Attorney will need to meet my adult child prior to agreeing to represent me in order to advise on the appropriateness of guardianship or a less restrictive alternative.
3. I understand that submitting this questionnaire does not create an attorney-client relationship, but all information will be kept confidential. I understand that a decision will be made regarding the Attorney’s level of involvement in my case at/after the intake appointment.
4. I understand that my case may be referred to another office or a civilian attorney if my case is beyond the scope of services provided. I also understand that receiving legal services is a privilege and not a right, and services are provided subject to the availability of legal resources.
5. I understand that it is my responsibility to arrive at least 5 minutes prior to my scheduled appointment. If I am unable to make my scheduled appointment, I must contact the Attorney at least 24 hours in advance to cancel and/or reschedule. Repeated no-shows for appointments WILL result in the termination of my legal services.
6. I understand that if I am represented by a civilian attorney on the same matter, my case will be closed.
7. I understand that childcare will not be provided during any appointments. I am highly encouraged to make other arrangements for my child’s care during my appointment time.

Parent Signature

Date

Parent Signature

Date

FOR OFFICE STAFF ONLY:

ID Card Screened By: _____
Date: _____

Conflicts Check Performed By: _____
Date: _____