

## INTAKE PROCEDURES

1. The Receptionist determines if the individual is new or existing client.
  - a. If new client to the firm, forward caller to the Intake Specialist.
  - b. If it is a new matter for an existing client, transfer to the current attorney's secretary to schedule.
2. If new client, determine general area of practice and forward to the proper recipient:
  - a. Elder law/Estate planning – Intake Specialist
  - b. Social Security Disability – Intake Specialist
  - c. Veteran's benefits – Intake Specialist
  - d. Special education – Intake Specialist
  - e. County DD Board or Mental Health Board – transfer to Frank
3. If the Intake Specialist is on another call, the call should be forwarded to a secretary or, if they are unavailable, the administrator. Note: All callers should receive immediate response rather than going into voicemail or taking a message.
4. Obtain information and complete appropriate intake questionnaire.
  - a. Confirm spelling/contact information.
  - b. Do you want to include the CC process?
5. Complete initial conflict of interest check.
  - a. If there is no conflict, proceed.
  - b. If there is a conflict, refer the caller out.
6. Quote the attorney's fees for the consult and schedule an initial appointment.
  - a. Determine which attorney should be scheduled based on the rotation and the caller's request/needs/schedule.
  - b. Follow the attorney's guidelines for scheduling.
  - c. If questioned about the attorney's fees for ongoing work, tell the caller that the attorney will discuss their fees during the initial consultation.
7. Prepare and send an informational packet or e-mail, depending on the caller's preference.
  - a. Include an appointment letter, questionnaires (if necessary), map/directions to the office, and brochure(s).
8. Place the appointment on the attorney's calendar and schedule a conference room.
  - a. Include the client's name, the purpose for their appointment, their phone number, your initials, and the date of the call in the calendar entry.
9. E-mail the intake questionnaire to the attorney and their secretary with notice of the meeting.
  - a. The secretary sets up the paper and electronic files.

**SPECIAL EDUCATION  
TELEPHONE CONTACT QUESTIONNAIRE**

**Call Date:**

**Initials of Person taking Call:**

**Caller=s Name:**

**Caller=s Phone No.:**

**Address:**

**E-Mail:**

**Referred by:**

**Add'l referral sources:**

**Name of Child:**

**Date of Birth:**

**Caller=s relationship to child:**

**Child=s disability:**

**School district of residence:**

**School attended:**

If other attorney involved, name & role: \_\_\_\_\_

Does client have any personal/family/business relationship with the firm? \_\_\_\_\_

If so, indicate with whom and nature of relationship \_\_\_\_\_

**Have you filed for Due Process?:**

**Problem(s) child is currently having:**

**Appointment scheduled?**  **YES** (prepare OpenClient Sheet and enter Client Info fields (PM Client-Rel tab)

**Date:** \_\_\_\_\_  **NO** (send No Rep ltr. w/ profile)

**Time:** \_\_\_\_\_

**Office:**  Cleveland  Sheffield

**Attorney:**  FJH  JLS \_\_\_\_\_

**Initial Consult Fee Discussed?**  **Amount:** \$

**Hourly Fees Discussed:**

**Letter sent regarding appointment:**

via  mail  fax  email

**Information sent**

Brochure  (always send)

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**Administrator Approval**

All information/attachments complete?

Conflict check completed?

Client number issued?  Date issued: \_\_\_\_\_

Acknowledgment sent to referral source?

Signed engagement agreement in file?

Initials/Date \_\_\_\_\_

TELEPHONE INTAKE SHEET: BENEFIT PRESERVATION / SNT

CLIENT ON PUBLIC BENEFITS ABOUT TO RECEIVE \$\$\$

Date: \_\_\_\_\_ Intake by: \_\_\_\_\_ Atty Requested: \_\_\_\_\_

Caller's Name: \_\_\_\_\_ Spelling Confirmed

Client's Name (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Referred by: \_\_\_\_\_ County: \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

CLIENT IS \_\_\_\_\_ Adult, Competent, no living parent or grandparent  
\_\_\_\_\_ Adult, Competent, has a parent or grandparent  
\_\_\_\_\_ Adult Incompetent already under Guardianship or candidate for Guardianship  
\_\_\_\_\_ Minor

TYPE OF FUNDS CALLER IS ABOUT TO RECEIVE OR RECEIVED (Date rec'd \_\_\_\_\_):

\_\_\_\_\_ Inheritance \_\_\_\_\_ Personal Injury/Medical Malpractice Settlement  
\_\_\_\_\_ Workers' Compensation Lump-Sum \_\_\_\_\_ SSI/SSD Past-due Lump Sum Other \_\_\_\_\_

TYPE of BENEFITS CLIENT RECEIVES (if caller knows – do not guess):

SSI (Supplemental Security Income) (approx. amount \$ \_\_\_\_\_)

Social Security Disability (approx. amount = \$ \_\_\_\_\_)

\_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Food Stamps \_\_\_\_\_ Public Housing or Group Home

Appointment scheduled?  YES (prepare OpenClient Sheet and enter Client Info fields (PM Client-Rel tab)

Date: \_\_\_\_\_  NO (send No Rep ltr. w/ profile)

Time: \_\_\_\_\_

Office:  Cleveland  Sheffield

Attorney:  JLL  DAM  SJB  EAL  AMB  LMG  \_\_\_\_\_ Other

Information sent via  mail  fax  email

Brochure  (always send)

Special Needs Trust packet   
(Attach contact sheet to cover letter or fax cover sent to prospective client)

Quote hourly fee for appointment.

If caller declines to make an appointment after hourly fee quote, note this and pass along to \_\_\_\_\_ for record-keeping purposes.

Best day/time for Terry to call \_\_\_\_\_

Confirm number \_\_\_\_\_

**[Schedule CC callback in PM, and send email with Intake Sheet to TFM.]**

If no scheduling desired, indicate why not: \_\_\_\_\_

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Long Term Care Planning

Estate Planning

Medicaid Application

Abuse/Exploitation

Other (explain) \_\_\_\_\_

Guardianship

Probate Estate

Special Needs Trust

Consult

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**Date:** \_\_\_\_\_

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**Time:** \_\_\_\_\_

**Office:**  Cleveland

Sheffield

**Attorney:**  JLL  DAM  SJB  EAL  AMB  LMG  \_\_\_\_\_

Other

**Immediate transfer to Care Coordinator?**

Yes  No

**Information sent via**

mail  fax  email

Brochure  (always send)

Care Coordination Info  (send if transferred to Care Coordinator)

Medicaid Planning Questionnaire  Single  Married

Estate Planning Questionnaire and Form  Single  Married

Special Needs Trust packet

(Attach contact sheet to cover letter or fax cover sent to prospective client)

\*\*\*\*\*

**Administrator Approval**

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Initials/Date \_\_\_\_\_

Best day/time for Terry to call \_\_\_\_\_

Confirm number \_\_\_\_\_

[Schedule CC callback in PM, and send email with Intake Sheet to TFM.]

If no scheduling desired, indicate why not: \_\_\_\_\_

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- Long Term Care Planning
- Estate Planning
- Medicaid Application
- Abuse/Exploitation
- Other (explain) \_\_\_\_\_

- Guardianship
- Probate Estate
- Special Needs Trust
- Consult

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