



APPLICATION FOR QUEEN'S ELDER LAW CLINIC SERVICES

We ask all of our prospective clients to complete this short information form. This form will be kept strictly confidential, and will only be seen by the Director of the Queen's Elder Law Clinic (QELC) and the student caseworkers. It will be used solely to confirm whether you are eligible to receive QELC's legal services. Please be advised that QELC reserves the right to request further financial disclosure/information.

CLIENT ELIGIBILITY

Queen's Elder Law Clinic can only provide *pro bono* legal services to clients with limited financial resources who could not otherwise afford legal services.

RECEIPT OF APPLICATION & WAIT-LIST

Once we receive your application and the Clinic Director determines that you are an eligible client for QELC services, you will be assigned a student caseworker or placed on the QELC wait-list. If assigned to the QELC waitlist, your file will remain in queue for the next available student caseworker. For updates on the status of your Application, please contact QELC by phone at 613-533-2102 (Option 2) or by email at qelc@queensu.ca.

PROVISION OF SERVICES

All of the work on QELC files is undertaken by student caseworkers, working under the supervision of a fully-licensed review counsel. QELC aims to do work of the same quality that would be done by a lawyer being paid for their services. However, please understand that our students are learning as they work on their files; they will not be able to provide a legal opinion to you without first vetting that opinion through review counsel.

Consequently, given that we want to ensure that our work is of the highest quality, it may take longer for QELC to complete your file work. Due to the necessary supervision by Review Counsel, the need for quality control procedures, and the nature of student life (e.g. exam periods), there may be some unavoidable service delays. If you feel that your file requires more immediate attention, you may wish to contact a local lawyer.

TYPES OF SERVICES PROVIDED

At present, QELC provides assistance with the drafting and execution of simple wills, powers of attorney for property, and powers of attorney for personal care, basic court application for estate administration, and the provision of legal information or memoranda.

For more information, please contact the Queen's Elder Law Clinic by phone at **613-533-2102 (Option 2)** or by email at qelc@queensu.ca.



| APPLICANT INFORMATION | | | |
|---|--|---|--------------|
| Full Name: | | | |
| Preferred Name/ Nickname (Optional): | | | |
| Date of Birth: | | | |
| Occupation: | | | |
| Telephone: | Home: QELC can leave voicemail messages at this number?: <input type="checkbox"/> YES <input type="checkbox"/> NO | Cell: QELC can leave voicemail messages at this number?: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Email Address: | | | |
| Preferred Method of Contact: | <input type="checkbox"/> Telephone <input type="checkbox"/> Email | | |
| Mailing Address: | Street Address: | City: | Postal Code: |
| Applicant is able to attend meetings at QELC offices: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Please Note: QELC caseworkers visit clients outside of the QELC offices only in limited circumstances, pending the approval of review counsel. | |
| I have been a client of QELC before: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| ACCESS TO TECHNOLOGICAL RESOURCES | |
|--|--|
| <p>As a result of the recent Covid-19 Outbreak QELC has been pressed to adjust and adopt new ways to enable clinic staff to continue to provide its services to clients in a remote setting. This includes the use of audio-visual resources to communicate with clients via Video Conference, if available. Please take some time to answer each of the following questions regarding the availability of technological resources to you.</p> | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have access to a device with a front facing Camera and Microphone such as a Smart Phone, Tablet and/or Laptop) |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I am familiar and comfortable using this device on my own |



| | |
|---|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have attended Video Conferences in the past and, I am familiar and comfortable using software such as FaceTime, Skype or Zoom, etc. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I am willing and comfortable with attending Video Conferences with QELC staff throughout the provision of QELC's services |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have access to a stable and reliable internet connection |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have a Family Member, Social Worker, Personal Support Worker, Community Legal Clinic Staff Member, or other Community Member who is willing and able to assist me with a device to attend Video Conferences with QELC staff |

| FILE INFORMATION | | |
|---|--|--|
| I seek QELC assistance for the following issue(s): | <input type="checkbox"/> Drafting a Will for the First Time <input type="checkbox"/> Changing My Current Will <input type="checkbox"/> Legal Information/Education on an Application for Guardianship <input type="checkbox"/> Legal Information on the Rights & Responsibilities Associated with Powers of Attorney <input type="checkbox"/> Other/Unsure (Please explain in the box provided on the Next Page) | <input type="checkbox"/> Drafting a Power of Attorney for Property for the First Time <input type="checkbox"/> Changing or Revoking My Current Power of Attorney for Property <input type="checkbox"/> Drafting a Power of Attorney for Personal Care for the First Time <input type="checkbox"/> Changing or Revoking My Current Power of Attorney for Personal Care |
| Please provide any further details or information that is relevant to your situation: | | |
| Is there anyone who would be upset to hear you are getting help from QELC? If yes, please explain: | | |
| Deadline (if any): | Please Note: If this situation requires immediate attention and assistance, you may wish to seek assistance from a local lawyer. | |



| FINANCIAL INFORMATION | |
|--|--|
| Household Income: | |
| Pensions: | |
| Savings: | |
| Real Property Owned (e.g., house, cottage, rental property, land): | |
| Other Significant Assets: | |
| Debts: | |

How did you hear about QELC? (Please check one):

- I Know a Clinic Worker Personally
- I Was Referred by Someone. Name? _____
- Website
- QELC Advertisement or Brochure. Where? _____
- Other (Please Explain): _____

I certify the foregoing information to be true, accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

| PLEASE SUBMIT YOUR COMPLETED APPLICATION USING ONE OF THE OPTIONS BELOW: | |
|---|--|
| <p><u>By Mail:</u> Queen's Elder Law Clinic 5th Floor Lasalle Mews, 303 Bagot Street Kingston, Ontario K7K 5W7</p> | <p><u>Online:</u> http://queenslawclinics.ca/elder/apply/</p> |
| <p><u>By Fax:</u> Fax Number: 613-533-3110</p> | <p><u>By Email:</u> Email Address: qelc@queensu.ca</p> |



FOR OFFICE USE ONLY

Director Approval?: YES NO Request Further Information

Date: _____

File #: _____

Student Caseworker Assigned: _____