**CHAMPS Legal Help Form**

*Please indicate if you have a concern about any of the following issues. You may select more than one issue.*

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|  | **ISSUE** | **QUESTION** | **DESCRIPTION/EXAMPLE** |
| **☐** | **SSI (“Disability”)** | Do you have a disability/long-lasting illness and believe you have been wrongfully denied disability? | SSI provides income assistance to low-income individuals who are aged, blind, or disabled |
| **☐** | **Medicaid** | Are you having trouble with your Medicaid, such as not being able to pay for doctor’s visits or prescriptions? | Medicaid provides health insurance to low-income individuals and children |
| **☐** | **SNAP (“Food Stamps”)** | Have you been denied or are you having trouble with your SNAP benefits? | SNAP provides food assistance to low-income individuals |
| **☐** | **TANF/FI (“Family Independence”)/Welfare** | Were you wrongfully denied Family Independence/TANF? | TANF provides money and other services to parents who are seeking new or better-paying jobs |
| **☐** | **Housing Conditions** | If you rent your home, has your landlord refused to make repairs that may be harming your health? | Examples: mold, lack of heat, or lack of air conditioning |
| **☐** | **Education** | Are you having trouble with your child’s education? | Example: child needs IEP or updated IEP |

*Tear Here*