**Legal Assistance AAA Self-Assessment Tool**

1. **AREA AGENCY ON AGING INFORMATION**

REGION: \_\_\_\_\_\_

Area Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

C.O.G. Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.A.A. Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Name, title, contact information and signature of ***person completing this Self-Assessment Tool***:

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DAAS CONTACTS:**

Kathryn Lanier, Section Chief

Phone: 919-855-3429 Email: [Kathryn.Lanier@dhhs.nc.gov](file:///C:\Users\lberry\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\O3XBLLUB\Kathryn.Lanier@dhhs.nc.gov)

Jennifer Powell, Lead Monitor

Phone: 919-855-3448 Email: [jennifer.a.powell@dhhs.nc.gov](file:///C:\Users\lberry\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\O3XBLLUB\jennifer.a.powell@dhhs.nc.gov)

1. **LEGAL ASSISTANCE PROVIDER INFORMATION**
2. List your legal assistance providers contact information, the counties they are responsible for, the funding amount for each county, unit rate and monitoring history: If funding is not broken down by county, list the total amount for each legal assistance provider and the counties they cover.
3. For each Title IIIB legal assistance provider please list:
   * + 1. Legal provider name and street address
       2. Provider contract administrator contact information
       3. Counties in which services are provided

d. Title IIIB funding per county

e. Unit cost for each county

1. For each Title IIIB legal assistance provider please:

a. Provide the most recent monitoring dates for unit verification and program assessment.

b. Explain any concerns, issues or technical assistance provided.

1. If there are any counties in your region that do not receive Title IIIB funds for legal assistance, please explain how low-wealth seniors access legal assistance in those counties.

**IV. LEGAL ASSISTANCE SERVICES**

**A. Number of Seniors Served**

* 1. How many seniors received legal assistance funded by the Title IIIB Program during the fiscal year ending June 30, 2017?
     + - 1. **Units of Service**

1. How do you verify units of service when monitoring? What documents do you look at?
2. How many units of service were provided during the fiscal year ending June 30, 2017?

3. Do you or your provider limit the number of units per client? If yes; how and why?

4. Do you have restrictions on what a unit of service may be used for?

For example, is the provider allowed to charge travel time or time spent talking with a group of seniors or must units be limited to direct services to clients?

5. If there are no restrictions, explain why and what is the percentage of units utilized for direct client services?

1. **Outreach**

Do your legal assistance providers conduct outreach? If yes, do you require the providers to supply you with an outreach plan for the year with scheduled events and agenda information? Please explain.

1. **Funding**
   1. How much funding did you allocate for legal assistance in your region for the fiscal year ending June 30, 2017?
   2. Do you allocate any funding other than Title IIIB legal assistance funds for legal services? If yes, please explain.
   3. Were all the allocated funds used for legal assistance? If not, please explain why.
   4. If legal assistance funds were depleted prior to the last quarter of the year, please explain.
2. **Targeting seniors in the greatest need**

How do your providers target seniors in the greatest economic or social need who are:

* 1. Low income minorities,
  2. Individuals with limited English proficiency

3. Individuals residing in rural areas?

1. **Targeting types of cases to most critical services**

1. Do your providers limit the kinds of cases they handle to help seniors with the most critical needs?

* 1. If yes, what kinds of cases do they accept?

**V. DOCUMENTS**

1. Please e mail or forward via mail, copies of your most recent monitoring reports for the Legal Assistance Program providers.
   1. E mail: Kathryn.Lanier@dhhs.nc.gov

Mail: Kathryn Lanier

NC DHHS

Division of Aging and Adult Services

2101 Mail Service Center

Raleigh, NC 27699-2101