

LEGAL

HEALTH CHECK

Please Note: Completing this document does not create any obligation between you, the client or any legal service. The Legal Health Check identifies potential legal need. Please view the training module at www.legalhealthcheck.org.au for details.

Mental Health
v1.0

CLIENT NAME	
COMMUNITY AGENCY	
WORKER NAME	
DATE	
LEGAL SERVICE	
ADDRESS	
APPOINTMENT TIME	

1. Money Troubles (Debt)

Yes No Unsure

Is anyone chasing you for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have payments due or unpaid accounts? E.g. phone //Centrelink // Cash converters //electricity //car loan <i>Complete the table below for each debt, where possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to access your superannuation or insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Debt	Creditor <small>(who you owe \$ to)</small>	Amount owed <small>(approx)</small>	Instalment <small>Payment amount and frequency</small>	Contact <small>Are you being contacted by phone? E.g. by debt collector?</small>
e.g.	Telco	\$2500.00	\$100pfn	yes
1.				
2.				
3.				
4.				



Please attach copy of client's Centrelink and/or bank statement if possible

2. Unpaid Fines and Crime

Yes No Unsure

Do you have any unpaid fines (e.g. SPER/ SDR/ CCV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to explore your options? E.g. smaller instalments// Work orders// Waivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you due in Court or have any outstanding warrants in your name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

3. Housing Concerns

Yes No Unsure

Have you recently been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your tenancy bond lodged and returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you leave any belongings behind at recent accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any unpaid rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or do you want to apply for government or community housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you on any tenancy blacklists e.g. TICA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

4. Centrelink and Decision-making

Yes No Unsure

Are you receiving the appropriate Centrelink benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you under a Forensic or Involuntary Treatment Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Adult Guardian look after your personal or health affairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Public Trustee make decisions about your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to change or review any of these arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

5. Relationships Would you like to discuss...?

Yes No Unsure

Domestic violence orders you want, have or are subject to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangements, plans or orders about children? (e.g. who the child/ren live with, spend time with, or your involvement in major long- term issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State child protection orders or concerns about you or any children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your rights in any personal relationship, including divorce or separation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about your experiences as a child, while you were in the care of adults or institutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

6. Employment and Business

Yes No Unsure

Have you signed any business contracts which you are concerned about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are/were employed:			
Are you satisfied that your wage and conditions are fair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive all your entitlements when you left (e.g. annual leave)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you were unfairly dismissed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your mental health negatively impacted by your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS			

Please forward this form to your community lawyer.

For a list of local community lawyers check www.legalhealthcheck.org.au for details.

Privacy: If you keep a copy of a completed Legal Health Check, it is subject to your organisation's privacy obligations.

