Report of Findings

Appendix

Legal Services Initiative: Research Project
Seven Survey Instruments

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Appendix A

New York State Legal Services Initiative
Statewide Survey of Residents Aged 18 and Older

Telephone Survey Instrument

Survey fielders first provided a brief introduction to phone respondents; then implemented the questionnaire.

1. In the last 3 to 5 years, have you had any of the following experiences?

	Served on a jury
	Received a legal document that required your response
	Appeared in court for any matter
	Felt as though you could use legal advice
	Hired or consulted with a lawyer on any legal matter

2. I'm going to go through a few areas of life. For each I want you to consider your life and the life of any other person that you either ARE or FEEL responsible for. Tell me if, over the last 3 to 5 years, you or others you either are or feel responsible for have had what you would consider a serious problem in that area; that is, a problem so serious that it necessitated some action and that was of great concern to you.

2a. The first area is:
Housing; that is, anything related to where you live or any other property that you own or lease. Have you … or anyone you are or feel responsible for … had a serious problem in the life area of Housing . . . that could include an issue with a landlord, an eviction or foreclosure, or some other pressing matter?

_____ Yes
_____ No
_____ Don't know / refused

2a1. Did you use the services of a lawyer or some other legal services provider or community agency in order to address the problem?

____ Yes
____ No
____ Don't know / refused

2a2. Which of the following would you say explains why you did not use a lawyer or other legal services provider?

You thought you could handle it yourself or with help from family or friends.	
You did not think your problem was a legal issue.	
You just didn't know where or how to find legal help.	
You didn't think you could afford legal help.	
You called someone but they never called you back.	
You spoke to someone but they told you that you did not have a case.	
Some other reason (specify).	
Don't know / refused.	

2a3. What type of lawyer or agency did you use for legal help with this serious problem in the life area of Housing?

A lawyer or law firm.	
A community agency or organization.	
A government agency.	
The Legal Aid Society or a free clinic.	
An ombudsman.	
A mediation service.	
Other (specify).	

Don't know / refused.	

2a4. Would you say that the lawyer or agency you used was:

Very helpful.	
Somewhat helpful.	
Not very helpful.	
Not at all helpful.	
Don't know / refused	

2a5. Which of the following explains your dissatisfaction with the lawyer or agency that you used:

They were incompetent.	
They used language you couldn't understand.	
They didn't spend enough time with you.	
They didn't seem to really have your best interests in mind.	
The help they provided was not worth the cost.	
Other (specify).	
Don't know / refused.	

2b. Regardless of whether you did or did not have a serious problem in the area of Housing, did you have a need for professional advice, counsel, or planning assistance in the area of Housing over the last 3 to 5 years?

_____ Yes
_____ No
_____ Don't know / refused

2b1. Did you get advice, counsel or planning assistance from a lawyer or some other legal services provider or community agency for that need you had for professional assistance?

_____ Yes
_____ No
_____ Don't know / refused

3a. The next life area is Your Family; that is, anything related to your family relationships or the needs of your parents, children, or other persons. Have you, or any other person that you are or feel responsible for, had a serious problem in the area of Your Family life . . . that could include divorce, custody, inheritance, health, caregiving, education, job, or some other pressing matter?

_____ Yes
_____ No
_____ Don't know / refused

Questions 3a1 through 3a5 replicate Questions 2a1 through 2a5.
Questions 3b and 3b1 replicate Questions 2b and 2b1.

4a. The next area is Your Money; that is anything related to your personal or business finances. Have you, or any other person that you are or feel responsible for, had a serious problem in the life area of Money . . . that could include debt, bankruptcy, insurance problems, identity theft, tax issues, pension, investments, or some other pressing matter:

_____ Yes
_____ No
_____ Don't know / refused

Questions 4a1 through 4a5 replicate Questions 2a1 through 2a5.
Questions 4b and 4b1 replicate Questions 2b and 2b1.

5a. The next area is Life Planning; that is, anything related to retirement or even end of life or planning the future housing and care of someone you are responsible for. Have you or any other person that you are or feel responsible for, had a serious problem in the life area of life planning that could include wills, estate planning, trusts, life insurance or some other pressing matter:

_____ Yes
_____ No
_____ Don't know / refused

Questions 5a1 through 5a5 replicate Questions 2a1 through 2a5.
Questions 5b and 5b1 replicate Questions 2b and 2b1.

6a. The next area is Dealing with Other People, Businesses, or Institutions including any situation in which you may have felt as though you could have been mistreated or taken advantage of. Have you, or any other person that you are or feel responsible for, had a serious problem in the life area of Dealing with Other People, Businesses, or Institutions that could include some type of fraud or scam, discrimination, exploitation, crime, accessibility or some other pressing matter:

_____ Yes
_____ No
_____ Don't know / refused

Questions 6a1 through 6a5 replicate Questions 2a1 through 2a5.
Questions 6b and 6b1 replicate Questions 2b and 2b1.

If respondents answered "Yes" to Questions 2a, 3a, 4a, 5a, or 6a, they were asked the following:

7. You indicated you, or those you either are or feel responsible for, had a serious problem in one or more of the following areas:
Housing
Family
Money
Life Planning
Dealing with Other People, Businesses, or Institutions

Of the serious problems that you, or those you either are or feel responsible for, faced over the last 3 to 5 years in the areas just mentioned, think of the **one** that was the most serious to you and describe it in a few words:

_____

8. For the problem you just described, did you go to court or to an administrative hearing:

_____ Yes
_____ No
_____ Don't know / refused

9. Did an attorney go with you to the court proceeding or hearing:

_____ Yes
_____ No
_____ Don't know / refused

10. When you were in the courtroom or hearing to have your case heard, how well did you understand the steps you needed to take and the procedures you needed to go through to get to where your case was being heard? Would you say:

You understood them.	
You understood them somewhat.	
You did not understand them enough to feel comfortable	
You did not understand them.	
Don't know / refused	

11. While your case was being heard, how well did you understand the judge's and attorney's discussion, their words and explanations, and the judge's decision about your case? Would you say:

You understood them.	
You understood them somewhat.	
You did not understand them enough to feel comfortable	
You did not understand them.	
Don't know / refused	

Now I just have some questions for classification purposes.

D1. Is the area where you live mainly:

_____ Rural
_____ Suburban
_____ Urban
_____ Don't know / refused

D2. Do you live alone or with other adults:
_____ Live alone
_____ Live with other adults
_____ Don't know / refused

D3. Do you own your own hoe, rent, or have some other living situation:
_____ Own
_____ Rent
_____ Other (Specify)
_____ Don't know / refused

D4. Do you have a job:
_____ Yes
_____ No
_____ Don't know / refused

D5. Are you working:
_____ Full time
_____ Part time
_____ Don't know / refused

D6. What is your highest level of education:
_____ Less than high school graduate
_____ High school graduate
_____ Professional certificate or license
_____ Some college
_____ Four-year college degree or higher
_____ Don't know / refused

D7. What is your marital status? Are you:
_____ Married
_____ Separated
_____ Divorced
_____ Widowed
_____ Never married
_____ In a civil partnership
_____ Domestic partnership
_____ Not married, but in a long-term relationship with a significant other
_____ Other (specify)
_____ Refused

D8. Phone type: Do you have a working cell phone:
_____ Yes
_____ No
_____ Cell phone only
_____ Refused
_____ Landline only
_____ Landline and cell phone
_____ Cell phone only
_____ Refused

D9. In what year were you born:
_____ Year
_____ Refused

D10. How would you describe your general health:
_____ Very good
_____ Good
_____ Fair
_____ Poor
_____ Don't know / refused

D11. Do you have access to affordable transportation when you need it:

_____ Always
_____ Very often
_____ Sometimes
_____ Almost never
_____ Never
_____ Refused

D12. Are you a caregiver; that is, do you help, at least once a week, with activities of daily living for your spouse, a family member, or friend who is sick, frail, or disabled:

_____ Yes
_____ No
_____ Don't know / refused

D13. Do you have any kind of condition that, without some assistance from other people or special devices or equipment, would limit your ability to perform the routine activities of daily living:

_____ Yes
_____ No
_____ Don't know / refused

D14. Do you use email:

_____ Yes
_____ No
_____ Don't know / refused

D15. Do you use the internet:

_____ Yes
_____ No
_____ Don't know / refused

D16. Race: Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background:

_____ Yes
_____ No
_____ Refused

D17. What is your race or ethnicity:

_____ White
_____ Black or African American
_____ Asian or Pacific Islander
_____ Native American
_____ Other/something else (specify)
_____ Bi-racial or multi-racial (specify)
_____ Refused

D18. Income: Which best describes your household's total yearly income, including salary, pensions, social security, disability payments, alimony and child support, interest and dividends, and other income:

_____ Below $12,000
_____ Between $12,000 and $30,000
_____ Between $30,000 and $50,000
_____ Between $50,000 and $75,000
_____ Between $75,000 and $100,000
_____ $100,000 or more
_____ Refused

D19. Gender:
Fielder did not ask the respondent, but recorded the answer by observation only:

_____ Male
_____ Female

D20. Respondent's county in New York State was recorded using the telephone area code.

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Appendix B

LSI New York State Legal Services Initiative

NY State Office for the Aging

NY State Office of Court Administration

NY State Bar Association

NY State Office for People With Developmental Disabilities

A statewide survey of the Directors of New York's 59 Area Agencies on Aging (AAA), which administer the Legal Assistance Program, a federally mandated program in the Older Americans Act. The survey instrument was posted on the New York State Office for the Aging's Web-based AAA Reporting System and completed on-line by the AAA Directors.

NYSOFA is conducting a statewide analysis	**Research questionnaire for Area Agency on Aging (AAA) Directors**
Regarding the provision of legal services	**AAA's provision of legal services under: Title III-B of the Older Americans Act *and* other supplemental resources**
Purpose	**To understand the status of legal assistance available for older adults . . . as a basis for strengthening Area Agencies' Legal Assistance Programs in New York State**

The attached information-gathering questionnaire is to be completed by the AAA Director or AAA staff person specifically assigned by the Director to complete the questionnaire.

Please complete and submit the questionnaire by **October 12, 2012**

Introduction:

As the number of older adults continues to increase in our State, the need for legal services among this population is growing. However, general information from the aging services network indicates that there is a widening gap in available, accessible, and affordable legal resources for New York's older population. In response to similar circumstances across the country, at the federal level, the Administration on Aging is focusing attention on remedying this situation across all states. In New York State, through the *Legal Services Initiative,* a partnership comprising the State Office for the Aging (NYSOFA), State Office of Court Administration, and State Bar Association has joined forces to study this gap in our State, measure its scope, and convene a group of knowledgeable individuals to devise actions to address the growing need.

A critical share of legal services for older adults is provided at the community level through the Area Agency on Aging (AAA) network's Legal Assistance Programs using Title III-B funding, other supplemental funding, and volunteer/*pro bono* services. We need your help in gathering more rigorous information to better understand the types of legal services provided through these programs, as well as to better assess the capacity of AAAs and their legal services provider networks to continue to meet the needs of the State's older adults.

As a crucial first task in this research effort, NYSOFA will gather information through two questionnaires from the two key groups directly associated with the aging network's provision of legal assistance: (1) Directors of AAAs, and (2) AAAs' contracted legal services providers. Research findings will be the basis for NYSOFA and its partners in the *Legal Services Initiative to:*
(1) establish goals and implement action steps to strengthen the aging network's Legal Assistance Programs, (2) identify areas for technical assistance to help the AAAs and its legal services providers, and (3) plan and develop best practice models to be shared among the AAAs, with an ultimate goal of improving access to legal services by older adults in New York State.

AAA Directors' Questionnaire

Please submit completed questionnaire by October 12, 2014

Glossary
"AAA" means: Area Agency on Aging.
"Funding" or "Funds" means: Money.
"**Internal Resources"** means: All "resources" associated with providing the Legal Assistance Program— but ***excluding*** the AAA's Contracted Provider and whatever resources that Provider utilizes to carry out his contractual responsibilities. Internal Resources include AAA paid staff, volunteers, interns, and *pro bono* attorneys and *pro bono* paralegals who are not the Contracted Provider.
"Legal Assistance Program" means: All activities, tasks, and services associated with your AAA's total provision of your Legal Assistance Program, including those covered by Titles III-B and III-E funding, CSE Program funding, county government funding, any other supplemental funding, and any activities, tasks, and services provided by volunteers, interns, and *pro bono*.
"*Pro Bono"* means: Free legal work done by an attorney.
"Provider" or "Contracted Provider" means: The individual attorney or multi-staff agency, organization, or firm that the AAA contracts with to provide legal services for the Legal Assistance Program, and including whatever resources the Provider has or identifies and utilizes (his own support or administrative staff, his own interns, other *pro bono* attorneys or paralegals, etc., who report directly to the Provider) to carry out his contractual responsibilities.
"Resources" means: Any money, paid staff, volunteers, interns, paid attorneys and paralegals, Contracted Providers, and *pro bono* attorneys and paralegals associated with providing the Legal Assistance Program.
"Supplemental Funding": In addition to funding from Title III-B, some AAAs use funding from Title III-E, the Congregate Services for the Elderly Program (CSE), the county government's AAA budget, and additional funds from various other sources to provide legal services—some of which are not required to be reported in their Annual Implementation Plans (AIP). "Supplemental Funding" means: Not counting Title III-B funds, supplemental funding includes *ALL other* sources of funding that are spent to provide the Legal Assistance Program—whether these funds are reported or not reported in the AAA's Annual Implementation Plan (AIP).
"Time Period": This questionnaire gathers information about tasks, activities, and services that occurred during a 12-month period. "Time Period" means: The 12-month period specified by the respondent in answer to Question #1.b on page 2. Your answer to Question #1.b will be either: • Preferred response period: April 1, 2010, through March 31, 2011, or • If the AAA cannot calculate answers for that time period: use the ***latest*** 12-month period for which the AAA is able to calculate the questionnaire's answers. Once the respondent specifies a 12-month period in Question #1.b on page 2, the respondent's answers to ***ALL*** questions must refer to the same specified time period.
"Unit of Service" means: One hour of assistance or service.
"Volunteer" means: Someone, *other than an attorney,* providing unpaid/free services or activities.

General Instructions:

1. *Legal Assistance Program:* Area Agencies on Aging (AAA) administer the Legal Assistance Program, which is required under Title III-B of the Older Americans Act. A proportion of each AAA's Title III-B funding is dedicated to the AAA's Legal Assistance Program. In addition, some AAAs supplement their Legal Assistance Program with funding from other sources, such as Title III-E and the Congregate Services for the Elderly Program (CSE), county government funds, and other supplemental funds, as well as with volunteers and interns, and *pro bono* professional services.

When filling out this questionnaire: Your answers should pertain to *all tasks, activities, and services associated with the provision of your Legal Assistance Program*—including those covered by Title III-B funding, any other funding, volunteers and interns, and *pro bono* professional services—which, together, will be referred to as the "Legal Assistance Program."

2. *Time Period:* This questionnaire seeks to gather information about the AAA's Legal Assistance Program for a 12-month period of time.

To achieve maximum comparability among respondents' answers, we wish to have as many AAAs as possible provide their answers for the ***same*** 12-month period.

When filling out this questionnaire: Answer *ALL* questions for what occurred in the 12-month time period: April 1, 2010 through March 31, 2011. However, if your fiscal-contract and data-collection period differs from this calendar time frame, answer *ALL* questions for what occurred in the ***latest*** 12-month period for which you are able to provide the information requested in the questionnaire.

Please specify, in Question #1.b on page 2, the 12-month period for which you will provide answers in the questionnaire.

Once a respondent specifies a 12-month period in Question #1.b, the respondent's answers to ***ALL*** questions must refer to the same specified time period.

Section I
Respondent Information

1.a. Name of Area Agency on Aging: _____

1.b. What is the 12-month time period for which you are answering the questionnaire's questions:
Check (X) *one* answer:

____ April 1, 2010, through March 31, 2011 (4/1/2010 through 3/31/2011)

____ Other: Specify the **latest 12-month period** (fiscal-contract and data-collection period) for which you are answering the questions:

_____ _____
From: Month/Day/Year To: Month/Day/Year

Section II
Legal Assistance Program
Both Internal Resources
and Contracted Provider(s)

Reminder:
Your answers are for the 12-month period you specified in Question 1.b.

2.a. Please complete the following table:
For each source listed, what was the *funding* amount allocated to your total Legal Assistance Program for the specified 12-month time period, and how many units of service were provided with each funding source:

Legal Assistance Program Funding Amount—by Each Funding Source; Number of Units of Service Provided—by Each Funding Source			
Funding Source	**Funds Allocated to the Legal Assistance Program**	**Units of Service Provided with Each Funding Resource**	
		# of Units	**(X) If You Do Not Know**
Title III-B funds	$	#	
Title III-E funds	$	#	
CSE funds	$	#	
Other Federal or State funds (describe):	$	#	
Other Federal or State funds (describe):	$	#	
County government's AAA budget	$	#	
Other supplemental *funding* from other source (describe):	$	#	
Other supplemental *funding* from other source (describe):	$	#	
Other supplemental *funding* from other source (describe):	$	#	
Other supplemental *funding* from other source (describe):	$	#	
TOTAL: Funding and Units of Service	$	#	

2.b. Please complete the following table:
Aside from funding, what types of *non-monetary* Resources did your AAA dedicate to the Legal Assistance Program, and how many units of service were provided with each of those resources:

Legal Assistance Program Types of Resources; Number of Units of Service Provided by Each Resource			
Resource Types	Check (X) If Your AAA Used the Listed Resource for the Legal Assistance Program	Units of Legal Assistance Program Service Provided by Each Resource	
		# of Units of Service	(X) If You Do Not Know
External Resources:			
Contracted Provider(s)			
Internal Resources:			
AAA Paid Staff		#	
Volunteers		#	
Interns		#	
Pro Bono Attorneys (other than Contracted Provider)		#	
Pro Bono Paralegals		#	
Other Non-Monetary Resources (describe):		#	
Other Non-Monetary Resources (describe):		#	
TOTAL Units of Service			

2.c. Of your AAA's *total* resources for providing your Legal Assistance Program (all monetary and non-monetary Internal Resources and Contracted Provider), what proportion of the program's total resources was dedicated to:

___ % Attorney services
___ % Information and referral
___ % Secretarial, clerical, and other support services, such as scheduling appointments, answering the phone, typing, routine office filing, etc.
___ % Administrative tasks, such as contract monitoring, voucher audits, filing legal documents, etc.), consumer intake procedures, etc.
___ % Community training and information events, such as Senior Law Day, forums, etc.
___ % Other (describe): _____
___ % Other (describe): _____

100 % Your answers should add up to 100% of total resources for providing the program.

Instruction:

If ***all*** tasks, activities, and services associated with your Legal Assistance Program are provided by a Contracted Provider(s), skip Section III and go directly to Section IV.

Section III
Internal Resources
(AAA paid staff, volunteers, interns, and *pro bono* attorneys and paralegals who are NOT the Contracted Provider)

(Does NOT include the Contracted Provider)

Reminder:
Your answers are for the 12-month period you specified in Question 1.b.

3.a. For those Legal Assistance Program tasks, activities, and services provided by **Internal Resources** (AAA paid staff, volunteers, interns, and *pro bono* attorneys and paralegals**), *w*hat proportion** of these tasks, activities, and services was "representing clients in court proceedings and/or administrative hearings":

____ % Representing clients in court proceedings and/or administrative hearings.
____ % Other tasks, activities, and services related to the Legal Assistance Program.

100 % Total tasks, activities, and services provided by Internal Resources.

3.b. If *any* of your Legal Assistance Program's tasks, activities, and services were provided by **Internal Resources** (AAA paid staff, volunteers, interns, and *pro bono* attorneys and paralegals who were not the Contracted Provider):

Complete the following chart for *each individual* who provided these tasks, activities, or services—do ***not*** include the Contracted Provider(s). (Use additional pages if the Program used more than three persons)

Individual #1:

Job title of an individual who provided Legal Assistance Program tasks/services:
_____

This individual was a (check one):

___ Paid employee
___ Volunteer
___ *Pro bono*
___ Combination: ____ % paid work or time ____ % volunteer/*pro bono* work or time

Proportion of a full-time-job-equivalent (fte) this individual dedicated to Legal Assistance Program tasks (check one):

___ Full Time
___ 3/4 Time
___ Half Time
___ Quarter Time or Less

Legal Assistance Program tasks/services performed by this individual (check all that apply for this individual):

___ In-take, including information and referral (not direct case assistance)
___ Telephone advice/counseling (direct individual case assistance)
___ In-office advice/counseling (direct individual case assistance)
___ Represented clients in court or administrative hearings (direct individual case assistance)
___ Support or administrative tasks or activities
___ Other tasks associated with the Legal Assistance Program (describe):
_____

_____

Made in-home visits to provide legal services:

___ Yes
___ No

Legal credentials or training received by this individual (check all that apply for this individual):

___ The individual is an attorney (but is not the Contracted Provider)
___ The individual is a paralegal

___ Received periodic in-house legal training
___ Took college-level legal classes
___ Attended community-based legal forums, presentations, etc.
___ Is overseen by an attorney
___ Other (describe):
_____

Individual #2:

Job title of an individual who provided Legal Assistance Program tasks/services *in-house*:
_____

This individual was a (check one):

___ Paid employee
___ Volunteer
___ *Pro bono*
___ Combination: ____ % paid work or time ____ % volunteer/*pro bono* work or time

Proportion of a full-time-job-equivalent (fte) this individual dedicated to Legal Assistance Program tasks (check one):

___ Full Time
___ 3/4 Time
___ Half Time
___ Quarter Time or Less

Legal Assistance Program tasks/services performed by this individual (check all that apply for this individual):

___ In-take, including information and referral (not direct case assistance)
___ Telephone advice/counseling (direct individual case assistance)
___ In-office advice/counseling (direct individual case assistance)
___ Represented clients in court or administrative hearings (direct individual case assistance)
___ Support or administrative tasks or activities
___ Other tasks associated with the Legal Assistance Program (describe):
_____

_____

Made in-home visits to provide legal services:

___ Yes
___ No

Legal credentials or training received by this individual (check all that apply for this individual):

___ The individual is an attorney (but is not the Contracted Provider)
___ The individual is a paralegal
___ Received periodic in-house legal training
___ Took college-level legal classes
___ Attended community-based legal forums, presentations, etc.
___ Is overseen by an attorney
___ Other (describe):
_____

Individual #3:

Job title of an individual who provided Legal Assistance Program tasks/services *in-house*:
_____

This individual was a (check one):

___ Paid employee
___ Volunteer
___ *Pro bono*
___ Combination: ____ % paid work or time ____ % volunteer/*pro bono* work or time

Proportion of a full-time-job-equivalent (fte) this individual dedicated to Legal Assistance Program tasks (check one):

___ Full Time ___ 3/4 Time ___ Half Time ___ Quarter Time or Less

Legal Assistance Program tasks/services performed by this individual (check all that apply for this individual):

___ In-take, including information and referral (not direct case assistance)
___ Telephone advice/counseling (direct individual case assistance)
___ In-office advice/counseling (direct individual case assistance)
___ Represented clients in court or administrative hearings (direct individual case assistance)
___ Support or administrative tasks or activities
___ Other tasks associated with the Legal Assistance Program (describe):
_____

_____

Made in-home visits to provide legal services:

___ Yes
___ No

Legal credentials or training received by this individual (check all that apply for this individual):

___ The individual is an attorney (but is not the Contracted Provider)
___ The individual is a paralegal
___ Received periodic in-house legal training
___ Took college-level legal classes
___ Attended community-based legal forums, presentations, etc.
___ Is overseen by an attorney
___ Other (describe):
_____

Section IV
The Contracted Provider(s)

(including the attorney(s) and any other individuals and resources that the Contracted Provider utilizes to carry out his contractual responsibilities and who report directly to the Provider)

Reminder:
Your answers are for the 12-month period you specified in Question 1.b.

4.a. Did your AAA allow its Contracted Provider(s) to provide "client-representation at court proceedings and/or administrative hearings" during the 12-month time period you specified in Question 1.b:

____ Yes
____ No

4.b. If you answered "Yes" to Question 4.a:
What proportion of the *Contracted Provider(s)*' activities were "representing clients in court proceedings and/or administrative hearings":

____ % Representing clients in court proceedings and/or administrative hearings
____ % Other tasks and activities related to the Legal Assistance Program
____ Do not know

4.c If your agency's Legal Assistance Program was provided through a Contracted Provider(s):
In the chart below, indicate *how many* of each type of Provider entity your AAA contracted with during the specified 12-month time period:

Types of Contracted Provider entities for the Legal Assistance Program	How many (the *number*) of each type of Provider entity
Legal Services Corporation grantee (for example, Legal Aid office)	#
Not-for-profit corporation established specifically for the delivery of legal assistance	#
Private law firm with multiple attorneys	#
Sole practitioner attorney	#
Community-based agency that, among its various services and programs, includes the provision of legal services and programs	#
Law School clinic	#
Other (describe):	#
Other (describe):	#
TOTAL number of your AAA's Contracted Providers	#

4.d. Payment method for Contracted Providers:
Are any of your providers paid on an hourly basis:

____ Yes
____ No

4.e If you answered "yes" to Question 4.d:
For those Providers who were paid an hourly rate, what hourly rate did you pay the Provider for ***attorney*** services:

$ _____ Hourly rate attorneys were paid: Provider #1
$ _____ Hourly rate attorneys were paid: Provider #2
$ _____ Hourly rate attorneys were paid: Provider #3
$ _____ Hourly rate attorneys were paid: Provider #4
$ _____ Hourly rate attorneys were paid: Provider #5

4.f. For the 12-month time period you specified in Question 1.b:
In the table below, indicate how many of your Contracted Providers were selected using each of the methods listed:

Method Used for selecting Contracted Providers	Number of Contracted Providers selected by using each method
Competitive procurement	#
Sole source	#
Other (describe):	#
Other (describe):	#
TOTAL # of Providers:	#

4.g. How many of your Contracted Providers made "in-home" visits (to *wherever* the client was living, including his or her own home or apartment, a family member's home, group residence, nursing home, hospital, or other health or care facility, etc.) to provide services under your Legal Assistance Program:

#_____ The number of my Providers who made in-home visits
_____ None of my Providers made in-home visits
_____ Do not know

4.h. AAAs select Contracted Providers who best meet federal and state regulatory standards and local program goals/standards for the Legal Assistance Program.

From the following list of 18, check (X) the **five (5) top criteria** your AAA used to select Providers for your Legal Assistance Program during your specified 12-month time period (**select only five**):

The Contracted Provider:

- ☐ Had expertise in specific areas of law affecting older persons in *economic need*.
- ☐ Had expertise in specific area of law affecting older persons in *social need* (e.g., discrimination, abuse, health insurance, etc.)
- ☐ Could provide effective administrative and judicial representation in those areas of law affecting older persons with *economic need*.
- ☐ Could provide effective administrative and judicial representation in those areas of law affecting older persons with *social need*.
- ☐ In addition to a specific area of expertise or capacity, also could *support other AAA efforts*, such as the long-term care ombudsman program, HIICAP, etc.

- ☐ Could provide effective legal assistance to *institutionalized older persons*.
- ☐ Could provide effective legal assistance to *isolated or homebound older persons*.
- ☐ Could provide effective legal assistance to *older persons who have no family or no nearby family members*.
- ☐ Could provide legal assistance in the principal language spoken in areas where most *do not speak English as their principal language*.

- ☐ Had offices and/or outreach sites that are *convenient and readily accessible to all/most older people* in the community.
- ☐ Was willing to travel to outreach sites designated by the AAA.
- ☐ Was willing to travel to clients' homes.
- ☐ Focused on a specific type of geographic area important to the AAA, such as rural or inner city.

- ☐ Provided legal assistance in the most cost-effective manner.
- ☐ Obtained additional resources to provide legal assistance to older adults.
- ☐ Involved the private bar in providing legal services to older adults, such as on a *pro bono* basis.
- ☐ Other (describe): _____
- ☐ Other (describe): _____

Section V
Legal Assistance Program
Selecting & Prioritizing Requests and Clients

Reminder:
Your answers are for the 12-month period you specified in Question 1.b.

5.a. For the specified 12-month period:
What arrangements or procedures did your AAA use for assisting residents with legal matters (check (X) all that apply):

___ Referred residents to the AAA's Contracted Provider
___ Referred residents to the Legal Aid office.
___ Supplied residents with a list of *pro bono* attorneys (other than the Contracted Provider)
___ Supplied residents with a list of paid attorneys (other than the Contracted Provider).
___ Referred residents to the NY State Bar Association for referrals.
___ Referred residents to the County or local Bar Association for referrals.
___ Referred residents to *NY Connects.*
___ Co-sponsored community law forums.
___ Publicized community law forums sponsored by other organizations and law firms.
___ Encouraged the Senior Centers to provide legal-educational programs.
___ Informed residents that legal services are *not* available through the AAA.
___ Other (describe): _____
_____

5.b. There may be circumstances in which AAAs might be unable to respond to consumers' requests for legal assistance. For the time period you specified:
Were there instances when your AAA was unable to serve individuals making requests for legal assistance:

___ Yes
___ No

5.c. If you answered "yes" to Question 5.b:
Check (X) all the reasons *why* the AAA was unable to serve the person(s) making the request:

___ The AAA concluded that the person making the request did not need legal assistance.
___ The issue (topic area) presented did not fall within the AAA's focused priorities for the Legal Assistance Program.
___ The client did not meet eligibility criteria (describe): _____
_____
_____
___ The topic and the client met program eligibility and focus requirements, but requests by other individuals had more immediate need for legal assistance.
___ Another program, agency, or source of legal services was able to provide the requested assistance.
___ The Contracted Provider's area(s) of expertise did not cover the client's topic/issue.
___ Language barriers prevented the AAA's staff and/or the Contracted Provider from communicating adequately with the individual(s) making the request.
___ The cost to address the request was too great relative to the AAA's total resources (funding and other Internal Resources) for the Legal Assistance Program.
___ The Contracted Provider's available resources (number of attorneys, hours available, etc.) for the Legal Assistance Program were not sufficient for the requirements needed to address the request.
___ Other (describe): _____
_____
___ Other (describe): _____

5.d. For legal assistance requests that *were* accepted by your AAA:
Check (X) whether your AAA addressed those requests *as they were received*, or were requests *prioritized/triaged* according to specific factors:

___ A. Requests were addressed as they were received.
___ B. Requests were prioritized/triaged according to specific factors.
___ C. Some were addressed as they were received and some were prioritized/triaged.

5.e. If your answer in Question 5.d was "B" or "C" (your AAA prioritized or triaged all or some requests for legal assistance), what factors influenced *how* requests were prioritized:

In the chart below, check (X) the importance (high, medium, or low weight) of each factor in the AAA's decision-making process for prioritizing/triaging requests:

Decision-Making Factors	Weighting Each Factor When Prioritizing Requests for Legal Assistance		
	High	Medium	Low
The request centered on *gaps in available services/care* that were needed by the client.			
The individual making the request experienced a crisis/urgency that prompted the AAA to move him up on the list for receiving legal services (for example, scheduled for surgery, spouse is terminal, imminent eviction, etc.).			
The request involved an older adult who was the *least able to obtain legal assistance elsewhere*.			
The request met a focus/topic area that was a *high priority of the AAA*.			
The request met an expressed prioritized *need of the overall community*—as revealed by a survey, public hearing, community forum, calls to the AAA or community call center, or other source of such information.			
Other (describe):			
Other (describe):			

Instruction: For Questions 5.f and 5.g:

Consumers' legal-issue requests:

- Consumers might contact a AAA and specifically/explicitly ask for "legal assistance"; or
- Consumers might not specifically ask for "legal assistance" because they do not realize their issue can benefit from such assistance, but the AAA might, following a discussion, refer the consumer to the Legal Assistance Program; or
- Consumers might contact a AAA about a "legal" issue for which the AAA cannot provide legal assistance.

For your specified 12-month time period:
In the Questions 5.f and 5.g, we wish to learn—

- The topic/issue areas that consumers presented to your AAA under all contact circumstances, and
- The five (5) topic/issue areas that were presented *most often*.

5.f. During the specified time period, did your AAA collect/record the "topic or issue area" that was the basis of consumers' requests for legal assistance (check (X) only one answer):

____ Yes: my AAA *always/routinely* collected this information from consumers.
____ Sometimes: my AAA collected this information in some circumstances, but not routinely.
____ No: my AAA did *not* collect this information from consumers.

5.g. If you answered "Yes" or "Sometimes" to Question 5.f:

Please complete the chart below:

In the first column, check (X) ALL those topic/issue areas that were presented by consumers to your AAA.
In the third column, check (X) the five (5) topic/issue areas that were presented the *most often*.

Check (X) each of the topics/issues that consumers presented to your AAA during the time period you specified in Question 1.b	Topic/issue areas presented	Check (X) **the five** (5) topics/issues that were **presented most often** to your AAA during the specified time period
	Public benefits (e.g., Social Security, Food Stamps, HEAP, etc.)	
	Pensions, railroad, or veterans benefits	
	Employment—discrimination	
	Employment—harassment	
	Employment—salary, wages, benefits	
	Employment—other issues	
	Health care insurance (Medicare; private health insurance, etc.)	
	Medicaid	
	Other insurance (describe):	
	Nursing home issues	
	Adult home, Enriched Housing, or assisted living issues	
	In-home or community-based services	
	Rental housing (e.g. landlord/tenant issues, fees or charges, condition of living unit, neighbors, safety, harassment, heat or water, etc.)	
	Rental housing—eviction	
	Rental housing—utilities	
	Rental housing—discrimination	
	Homeownership (e.g., repairmen, neighbors, safety, zoning, install Elder Cottage or Accessory Apartment, renting out a room, etc.)	
	Homeownership (mortgage, liens, line-of-credit, reverse mortgage, etc.)	

	Homeownership (foreclosure, eviction, credit counseling, etc.)	
	Homeownership—taxes (property, school, etc.)	
	Homeownership—utilities	
	Homeownership—discrimination	
	Bankruptcy	
	Income tax	
	Other taxes (describe):	
	Defense of guardianship	
	Powers of attorney	
	Wills and trusts	
	Advance directives	
	Credit cards; bill collectors	
	Marketers (telephone, door-to-door, mail, etc.)	
	Consumer contracts	
	Fraud (describe):	
	Discrimination (gender, sexual orientation, religion, race, age, etc.)	
	Financial exploitation or abuse	
	Physical abuse	
	Mental or emotional abuse	
	Family law (divorce, permanency planning, foster care, adoption, trouble with family members, caregiving, etc.)	
	Traffic tickets, arrests, criminal activity	
	Other (describe):	
	Other (describe):	
	Other (describe):	
	Other (describe):	

Instruction: For Question 5.h:

Report an **unduplicated** count.

That is, if the same individual (Mrs. Jones) was provided with legal assistance on several different topics or on several different occasions, count Mrs. Jones once.

If a request for assistance on a topic came from an individual, a couple, or a family, count that request as one client; for example, if Mr. and Mrs. Jones ask for help with home repair fraud, count that as one client; or if Mrs. Jones and her two adult children ask for help with an eviction notice served on Mrs. Jones, count that as one client.

If two or more members of a household individually request assistance for different issues, count each of those individuals as a separate client; for example, if Mrs. Jones asks for assistance on physical abuse, and Mr. Jones asks for assistance to get his hospital bill negotiated, count that as two clients.

If some tasks/activities/assistance were completed for a client by the AAA and additional assistance was provided to that same client by the Contracted Provider, count that client once.

5.h. How many total (unduplicated) *clients* were assisted under your Legal Assistance Program (by your AAA directly *and* through your Provider(s)) during the 12-month time period you specified:

_____ Total clients

_____ Do not know

5.i. Did your AAA have targeting guidelines for the Legal Assistance Program:

____ Yes

____ No

5.j. If you answered "Yes" to Question 5.i:
Please describe your targeting guidelines for the Program:

_____
_____
_____
_____
_____
_____

Section VI
Sufficiency of resources

Reminder:
Your answers are for the 12-month period you specified in Question 1.b.

6.a. Were your Legal Assistance Program resources exhausted *prior* to the end of your specified 12-month time period:
In the table below:
For each of the resources *allocated to your Legal Assistance Program*, check (X) if those resources were exhausted, or not exhausted, *before* the end of your specified 12-month time period:

Resource allocated to your Legal Assistance Program	*Was* exhausted prior to the end of your specified time period	*Was NOT* exhausted prior to the end of your specified time period	Not Applicable
Title III-B funding			
Title III-E funding			
CSE funding			
County government funding			
Other supplemental funding			
Volunteers			
Interns			
Pro bono paralegals			
Pro bono attorneys—other than your Contracted Provider(s)			
Other resources (describe):			
Other resources (describe):			

6.b. If, in Question 6.a, you indicated that **ALL** of your Program's resources were exhausted prior to the end of your specified 12-month period:
How many requests for legal assistance during the 12-month period were received, but not served *because all resources were exhausted:*

_____ All resources were exhausted: however, my AAA was able to serve all requests for legal-related assistance.

#____ Number of requests that were received but remained unserved at the end of my 12-month period because ALL program resources were exhausted.

_____ Do not know the number of unserved requests—my AAA did not collect this information.

6.c. If, in Question 6.a, you indicated that ***ALL*** of your Program's resources were exhausted prior to the end of your specified 12-month period:

Describe how the AAA responded to additional requests for legal services:

_____
_____
_____
_____
_____
_____
_____
_____

Section VII
AAA/Provider Relationship

Reminder:
Your answers are for the 12-month period you specified in Question 1.b.

The five parts of Section VII will help us understand the status of working relationships between AAAs and their Contracted Providers.

7.a. For the factors in the chart below:
Rate your assessment of each Contracted Provider who provided services for your Legal Assistance Program during your specified time period, with 1= very good, 2=good, 3=neither good nor poor, 4=poor, 5=very poor, 6=don't know, or 7=not applicable:

AAAs' assessments of Contracted Providers, using the following scale: 1=very good 2=good 3=neither good nor poor 4=poor 5=very poor 6=don't know 7=not applicable					
Factors for Assessing/Rating Contracted Providers	Provider #1	Provider #2	Provider #3	Provider #4	Provider #5
Negotiations regarding Provider's size of case load for the program					
Negotiations regarding Provider's reimbursement rates					
Other communication between the Provider and the AAA					
Provider's communication and interactions with the Program's clients (describe):					
Provider's understanding of issues related to older adults or aging					
Provider took initiative to contact AAA regarding clients' non-legal needs, when warranted					
Provider's maintenance of client confidentiality					

Question 7.a continued:

Provider's record-keeping					
Provider met AAA reporting requirements					
Provider's legal skills					
Provider's work ethic					
Other (Specify):					
Other (Specify):					
Other (Specify):					

7.b. *Overall,* was your relationship with your legal service Provider(s):

___ Satisfactory
___ Somewhat satisfactory
___ Unsatisfactory

7.c. If you answered "Satisfactory" to Question 7.b:
What are three elements that contributed to your association with the Contracted Provider(s) being "Satisfactory":

1. _____
_____
2. _____
_____
3. _____
_____

7.d. If you answered "Somewhat Satisfactory" or "Unsatisfactory" to Question 7.b:
Did your AAA take any steps to try to improve the association:

____ Yes
____ No

7.e. If you answered "Yes" to Question 7.d:
Describe the steps your AAA took that resulted in an improved association:

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

Section VIII
Training and Other Strategies

8.a. Below are strategies for increasing/strengthening the provision of legal services to older adults and their caregivers. Which of these strategies do you feel would be most beneficial/helpful in achieving this goal.

Number these 10 strategies in order from "most beneficial" to "least beneficial" (with 1= most beneficial/helpful and 10=least beneficial/helpful):

____ Develop **targeting and outreach strategies** to reach clients who are in greatest economic or social need, as well as other populations who are difficult to reach.

____ Develop **outcome measures** to assess the impact of providing legal services on the lives of older adults and their caregivers.

____ Develop low-cost/no-cost **legal services delivery mechanisms** (such as legal help lines, interactive web sites, community legal fairs, etc.), as a means of increasing affordable access to legal services.

____ Develop **intake and/or assessment instruments** that accurately identify legal issues, as a means of increasing the ability of professional workers and consumers to recognize problems and topics that have a legal underpinning and that can be addressed through legal services.

____ Develop **strategies for increasing the number of AAA Internal Resources**—paid staff, volunteers, interns, and *pro bono* paralegals and attorneys who will provide tasks, activities, and services for the Legal Assistance Program.

____ **Educate more attorneys** in the community about aging issues and about the older adult population, as a means **to increase the pool of attorneys** for the program's Contracted Provider network.

____ **Educate more attorneys** in the community about the older adult population and about aging issues, as a means **to increase the proportion of *pro bono* services** provided by the Contracted Provider network.

____ Other (describe): _____
_____
_____

____ Other (describe): _____
_____
_____

8.b. If education were provided to AAAs, Contracted Providers, volunteers, and *pro bono* attorneys and paralegals as a means of strengthening the delivery of legal services under your AAA's Legal Assistance Program, what are four areas of education that are most needed:

1. _____
2. _____
3. _____
4. _____

Optional:
Please add any other comments or thoughts you wish to share regarding your Legal Assistance Program that were not addressed in this questionnaire:

_____
_____
_____
_____
_____
_____

Optional:
My AAA and its legal services Contracted Providers have worked together particularly well, and I am agreeable to including my model as a best practice in a training manual or training event provided for the aging network:

____ Yes
____ No

If you answered "Yes," please provide your contact information:

AAA Name: _____
Contact Person's Name: _____
Phone: _____
Email: _____ _____

Thank You for Your Assistance with This Research Initiative

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Suggested citation: V. Prosper and L. Beck (2013), "Statewide Survey of Legal Services Providers (single contract): Aging Network's Legal Assistance Program," *Report of Findings: Seven Statewide Surveys, New York State Legal Services Initiative*. Albany, NY: NY State.

Appendix C.1

LSI New York State Legal Services Initiative

NY State Office for the Aging

NY State Office of Court Administration

NY State Bar Association

NY State Office for People With Developmental Disabilities

Statewide Survey of Legal Services Providers (single contract): Legal Assistance Program

A statewide survey of Providers who contract with a single Area Agency on Aging to provide legal services and assistance to older adults under the Legal Assistance Program, which is a federally mandated program in the Older Americans Act. The instrument was created as a fillable Document Template in the Microsoft Word program. It was emailed to the Providers, who saved the instrument as a Word document, completed the questionnaire on-line, and submitted it via email.

Statewide Analysis:

This research Questionnaire is **specifically** for legal services *providers* who are under contract with one Area Agency on Aging (AAA) to provide legal assistance through the AAA's *Legal Assistance Program*, which is funded by Title III-B of the Older Americans Act *and* other supplemental resources.

Purpose of the Research Project:

The Legal Services Initiative partnership will conduct this research to understand the status of legal assistance available for older adults in New York. Findings will serve as a basis for strengthening the State's network of *Legal Assistance Programs* and for providing education and training for AAAs and their contracted legal services providers.

You (or your agency) have been identified as a legal services provider under contract with one Area Agency on Aging.

Please complete and submit your Questionnaire by September 13, 2013

Contents:

Page 1	Submission date and where to submit your completed Questionnaire
Page 1	Contact for questions and clarification
Page 2	Guidance/instructions for completing the Questionnaire form
Page 2	Introduction
Page 3	Glossary of terms used in the Questionnaire
Page 4	Begin the Questionnaire

Submission:

Please complete and submit your Questionnaire by: **September 13, 2013.**

Submit *electronically* to: vera.prosper@ofa.state.ny.us
or by
Regular mail to:
Vera Prosper, Director, Legal Services Initiative, NY State Office for the Aging, 2 Empire State Plaza, Albany, NY 12223

***Contact*:**

If you would like to discuss or receive clarification on any of the definitions, instructions, or questions in this Questionnaire, please contact: Laura Beck at (518) 408-1103, or Vera Prosper at (518) 474-4382.

***Guidance for Completing the Questionnaire*:**

I. **The Questionnaire can be completed various ways:**
   a. Completed on-line and submitted as an email attachment; **1**
   b. Completed on-line, printed, and the paper copy mailed via regular mail.
   c. The Questionnaire can be printed, and the paper copy can be filled out manually and mailed via regular mail.
   d. Please DO NOT fax the completed Questionnaire.

II. **Completing the Questionnaire on-line:**

1. The Questionnaire has been created as a Microsoft *Word Input Form* template. This allows answers to be entered without disrupting the formatting of the rest of the Questionnaire.
2. Each answer slot has been programmed to allow you to enter a specific maximum number of characters.
3. "Save" the Questionnaire: When you have opened the Questionnaire attachment, save it as a Word document (.doc or .docx).
. 4. If you wish to scroll back and forth through the Questionnaire: use the scroll bar on the right side of your computer screen or use the scroll/roll button on your mouse.
5. To fill in answers:
   - Put your cursor on the first answer slot . . . begin typing your answer.
   - Use the "Tab" key on your keyboard to automatically move from one answer slot to the next.
   - Or, at any time, you can scroll down and put your cursor on any answer slot and begin typing your answer.
6. To change an answer that you have already completed: Scroll back and put your cursor on the desired answer slot and make your changes. Then, "Tab" back down to where you need to enter your next answer or scroll down and put your cursor on the desired answer slot.
8. "Saving" the Questionnaire is important: As with any Word document, you must save it before closing the document or before submitting the document. **If you have not saved your document, you will lose the answers you have already entered.**
9. If you do not finish the Questionnaire in one sitting: Save the Questionnaire before closing it. You can re-open it in the Word program at a later time to complete it.
10. When you have completed the Questionnaire: Save the document and submit it via email or print and mail the paper copy. See email and regular mail addresses on Page 1.

III. **Completing the Questionnaire manually:**

1. You may choose to print a paper copy of the Questionnaire; then use a typewriter or pencil to enter your answers. Mail the paper copy via regular mail.

***INTRODUCTION*:**

Provision of legal assistance: Pursuant to the Federal Older Americans Act (OAA), each Area Agency on Aging (AAA) is required to make legal services available to older adults. A critical share of these legal services is provided at the community level through the AAA network's *Legal Assistance Programs*—primarily through the AAAs' network of contracted legal services providers. Funding for these services is provided through Title III-B of the OAA; in addition, AAAs might use additional funding resources, volunteers, and *pro bono* services to supplement their Title III-B funds.

Gap in accessible and affordable legal services: Information from the aging services network indicates that there is a widening gap in available, accessible, and affordable legal resources for New York's older population. At the federal level the Administration on Aging is focusing attention on effective approaches for delivering high quality legal services to older adults across all states. In New York, the *Legal Services Initiative* partnership has joined forces to study this gap in our State and to devise strategies to address the growing need.

Research Questionnaires: As a crucial first task in this effort, the State Office for the Aging will gather information through Questionnaires from the two key groups directly associated with the *Legal Assistance Program:* (1) Directors of AAAs, and (2) AAAs' contracted legal services providers.

These research findings will be the basis for the partnership to: (a) establish goals and implement steps to strengthen the *Legal Assistance Programs*, (b) identify areas for technical assistance to help the AAAs and their legal services providers, and (c) develop best practice models to be shared among the AAAs and providers—with an ultimate goal of improving access to legal assistance by older adults in New York State.

Glossary

Provider: In this Questionnaire, "Provider" refers to the attorney or entity (e.g., law firm or not-for-profit organization) who is under contract with a AAA and has responsibility for providing services under the AAA's Legal Assistance Program. Your answers apply to "you" as the attorney or to "the entity" if multiple individuals are responsible for providing the contracted services.

In the Questionnaire, the "Provider" will be interchangeably referred to as "you" or "the Provider."

Direct Legal Services: In this Questionnaire, "Direct Legal Services" means those activities and services that:

1. Are provided through the AAA-contracted Legal Assistance Program;
2. Are provided *only* by an attorney or paralegal;
3. Are carried out for *individual cases* (whether a case is an individual person; or a person bringing his friend or representative or family members to participate in case discussions; or an individual case brought on behalf of multiple persons—for example, a case against a landlord on behalf of all tenants in an apartment building);

<u>and that</u>

4. Include *only* the following tasks and activities:
   - Client interviews for issue-identification and making a decision to take the case or not.
   - Referral of an individual client to another attorney or legal services program;
   - Legal advice or counsel—in person or by telephone or other means of communication.
   - Legal representation in court or administrative proceedings.
   - Legal research or negotiations associated with an individual case.
   - Preparation of legal documents and legal correspondence associated with an individual case.
   - Filing and serving legal documents.

"Direct Legal Services" does <u>not</u> include activities provided to groups of persons who are unrelated to a specific case . . . and does not include activities and services performed by individuals who are <u>not</u> attorneys or paralegals.

Legal Assistance Program: This term refers to *ALL tasks, activities, and services* associated with the Provider's provision of the Legal Assistance Program—including those provided for an individual case or provided to groups of individuals who are unrelated to a specific case—and including those performed by an attorney, paralegal, and by someone (paid or unpaid) other than the attorney or paralegal.

"Legal Assistance Program" includes all Direct Legal Services described above, together with all other tasks and activities associated with carrying out the Program, such as vouchering, secretarial/clerical tasks, scheduling appointments, general intake and referral, general correspondence and communication, non-legal persons accompanying individuals to court or hearing proceedings, community educational presentations, training of AAA staff, training of Long-Term Care Ombudsman coordinators and volunteers, and others.
Together, *ALL* tasks, activities, and services associated with carrying out the Program will be referred to in the Questionnaire as the "Legal Assistance Program."

Case and **Client:** Some Providers do not identify or define calls to the Program for assistance as "cases," nor do they define the individual(s) making the calls as "clients."

<u>Case</u>: However, in this Questionnaire, each call to the Program that results in the provision of any of the Direct Legal Services defined above will be referred to as a "case."
<u>Client</u>: A case involves one or more individuals who are *directly* involved in the problem/issue presented and the outcome resulting. In this Questionnaire, such individuals will be referred to as the "client(s)." "Clients" do *not* include the individuals brought along by a client as a 'second set of ears' or as a formal or informal interpreter, advisor, or agent/representative.

Specified Time Period:

(a) For this Questionnaire, your answers should apply to the Provider's provision of the Legal Assistance Program during the time period January 1, 2012, through December 31, 2012. This will be referred to as the "Specified Time Period" in this Questionnaire.
(b) Some Providers were under contract with a AAA to provide the Legal Assistance Program for fewer than 12 months during the year 2012. If your AAA contract had been for fewer than 12 months during 2012, answer the questions for the total months you were under contract during January 1, 2012 through December 31, 2012. For such Providers, this will constitute the “Specified Time Period.”

Entire Legal Practice:

Questions in Section 6 of the Questionnaire refer to the Provider's "Entire Legal Practice."

"Entire Legal Practice" includes:
1. All the tasks, activities and services carried out to provide the AAA's Legal Assistance Program, together with
2. All the tasks, activities, and services provided to all other clients served by the Provider's office, agency, or practice.

Questionnaire

A. During the Specified Time Period:
Did the Provider contract with an Area Agency on Aging (AAA) to provide services through the AAA's Legal Assistance Program:

	Yes
	No

***Instruction*:**
★★ If you answered "No" to Question "A" above:

Please go no further, but print your name in the box and submit your Questionnaire to the electronic address or the regular mail address, both of which are listed on page 1.

Print your name: _____

★★ If you answered "Yes" to Question "A" above:
Please continue completing the rest of the Questionnaire below.

B. Specify the Time Period (as defined in the Glossary) during the year 2012 that you were *under contract* with the AAA to provide Legal Assistance Program services:

Your Specified Time Period under contract:

From: _____ Through: _____
Month / Day / 2012 Month / Day / 2012

C. During the Specified Time Period:
Check (X) if the Provider was a Legal Services Corporation grantee:

	Yes
	No
	Do not know

Section 1
Issues/problems presented to the Provider for help under the Legal Assistance Program

1.a. For the Specified Time Period:

List the five (5) topics/issues presented *most often* by callers requesting help under the Legal Assistance Program:

1.	
2.	
3.	
4.	
5.	

1.b. NYSOFA is aware that for reasons other than a lack of funding, Providers might decline requests for legal assistance. In some instances the decision is based on the subject matter or other factors.

During the Specified Time Period---for each of the topics in the chart below:

Whether you actually received requests or did not receive requests for assistance,
Check (X) if you would ordinarily have "Accepted" or "Declined" such requests under the Legal Assistance Program:

Topic Categories	If asked for help for this topic, Provider would have ordinarily **accepted** such requests for assistance	If asked for help for this topic, Provider would have ordinarily **declined** such requests for assistance
Estate planning (wills, advance directives, powers of attorney, trusts, guardianship, etc.)		
Financial planning		
Public benefits (food stamps, HEAP, social security, shelter allowance, application forms, Medicaid, etc.)		
Health & long-term care (health or medical care, in-home or community-based care, medical malpractice, caregiving responsibilities, etc.)		
Medicaid, Medicare, private or public health or long-term insurance premiums or reimbursement claims, etc.		
Other insurance (home/property, car, fire, school, etc.)		
Taxes (property, income, other taxes/fees)		
Debt (bankruptcy, foreclosure, credit card, bill collectors, hospital bills, liens, loans, etc.)		
Wages and income (pensions, railroad or veterans benefits, salary, annuity payments, employment benefits, dividends, etc.)		
Employment (discrimination, harassment, discharge issues, other employment-related issues)		
Education and professional issues (licenses, etc.)		
Family (divorce, permanency planning, foster care, adoption, family dynamics, educational or medical issues for custodial grandchildren,		
Issues related to nursing home, adult home, assisted living, other specialized residences (care, discrimination, fraud, abuse, fees and charges, etc.)		
Landlord/tenant--rental (fees/charges, lease, condition of living unit, neighbors, safety or crime, harassment, discrimination, eviction, etc.)		
Homeownership (repairmen, neighbors, safety or crime, zoning, discrimination, mortgage, roommates, renting rooms, etc.)		
Utilities (homeowner or rental)		
Accessibility (home, rental, neighborhood, community, transportation, etc.)		
Accessibility (language, testing, technology, etc.)		

Question 1.b (continued)

Topic Categories	If asked for help for this topic, Provider would have ordinarily **accepted** such requests for assistance	If asked for help for this topic, Provider would have ordinarily **declined** such requests for assistance
Police, court system, law suits, arrests, etc.		
Fraud (consumer contracts, marketers, financial planners, etc.)		
Abuse & neglect (financial, physical, mental, emotional, sexual—by spouses, family members, caregivers, care providers, or others, etc.)		
Discrimination (gender, sexual orientation, religion, race, age, civil rights, etc.)		
Other: Is there another topic not listed here for which you would have ordinarily accepted requests for help (Describe):		
Other: Is there another topic not listed here for which you would have ordinarily accepted requests for help (Describe):		
Other: Is there another topic not listed here for which you would have ordinarily accepted requests for help (Describe):		

1.c. During the Specified Time Period:

If you indicated in Question 1.b that you would ordinarily have *declined* some requests for assistance in any of the topic categories, Check (X) the three (3) main reasons why you would ordinarily *decline* these requests: **Check (X) only 3.**

Reasons	Check (X) **3 Main Reasons** for Ordinarily **Declining** Requests for Assistance
Topic presented was not a priority specified by the AAA.	
Topic was not covered under the AAA's Legal Assistance Program.	
Topic was covered by another legal program or government agency.	
Level of assistance requested was beyond the scope of service the Provider was responsible for offering under the AAA contract.	
The topic presented by the client would have taken a disproportionate amount of the Legal Assistance Program's available time/resources to handle the work load required for the topic.	
Topic presented was outside the Provider's areas of legal expertise.	
Other reason **(Describe):**	
Other reason **(Describe):**	
Not applicable---no topic areas in Question 1.b would be declined	

1.d. During the Specified Time Period:

If there were any topics in Question 1.b that you would *ordinarily* have accepted, but which you declined requests for assistance:

Estimate what proportion of the declined requests . . . that were due to:

%	Funds for the program were exhausted
%	Some other reason
100 %	Total declined requests that would ordinarily have been accepted

	Check (X) if Not Applicable---no requests were declined

Section 2

***All* tasks, activities, & services performed to carry out the Legal Assistance Program**

Instruction:

Questions in Section 2 refer to ALL tasks and services performed to carry out the Legal Assistance Program contract . . . . not just those performed by an attorney or paralegal.

See the Glossary definition of "Legal Assistance Program."

2.a. For the Specified Time Period:

Column A: In "full time equivalents" (FTEs)—what was the number of *paid* individuals the Provider used to carry out *all* the tasks, activities, and services for the Legal Assistance Program;

Column B: What was the average number (actual or estimated) of *hours per month* that were spent by *all* the persons in each category of individuals carrying out the tasks, activities, and services for the Legal Assistance Program:

# of Individuals Providing Tasks, Activities, and Services for the Legal Assistance Program; Average # of Hours Per Month by Each Category of Individuals		
Categories of Individuals	(A) # of Paid Individuals Used to Carry Out the Legal Assistance Program: Expressed In Full-Time-Equivalents (FTEs)	(B) Average # of Hours Per Month Spent by the *total* number of persons in each category
Paid Attorneys		
Paid Paralegals		
Paid Interns/Fellows		
Other Paid Staff or Paid Individuals (for example, secretarial, clerical, administrative, other support staff, etc.)		

2.b. During the Specified Time Period:

Did the Provider use any of the following individuals to perform the tasks, activities, and services needed to implement the Legal Assistance Program. Check (X) all that apply:

	Pro bono attorney(s)
	Pro bono paralegal(s)
	Unpaid interns/fellows
	Volunteers
	Other unpaid individuals **(Describe):**

2.c. Providers acquire cases through a variety of sources.

During the Specified Time Period:

For *just* the Legal Assistance Program, estimate the proportion (%) of the Provider's cases that originated from each of the following sources:

Source of Cases for the ***Legal Assistance Program***	Estimated Proportion (%) of Legal Assistance Program Cases Acquired Through Each Type of Source
Client self-referral	%
Referral by client's caregiver, family member, friend, or agent	%
AAA staff	%
Long-Term Care Ombudsman (State or local)	%
NY State, regional, or local Bar Association	%
Another law firm or attorney	%
Legal Aid Office – when the Legal Aid Office is someone other than the Provider	%
Local Department of Social Services (including Protective Services for Adults Program)	%
Community social services or housing agency	%
Other **(Describe):**	%
Other **(Describe):**	%
Referral source--Unknown	%
Total cases/clients	100 %

Section 3

Direct Legal Services Provided for the Legal Assistance Program

Instructions:

Questions in Section 3 refer only to those tasks and services in the Legal Assistance Program that meet the definition of "Direct Legal Services."

For questions in Section 3, please to adhere to the definition of "Case" and "Client" as defined in the Glossary (page 3).

Definition:

In this Questionnaire, "Direct Legal Services" means those activities and services that:

1. Are provided through the AAA-contracted Legal Assistance Program;
2. Are provided *only* by an attorney or paralegal;
3. Are carried out for *individual cases* (whether a case is an individual person; or a person bringing his friend or representative or family members to participate in case discussions; or an individual case brought on behalf of multiple persons—for example, a case against a landlord on behalf of all tenants in an apartment building);

and that

4. Include *only* the following tasks and activities:
   - Client interviews for issue-identification and making a decision to take the case or not.
   - Referral of an individual client to another attorney or legal services program;
   - Legal advice or counsel—in person or by telephone or other means of communication.
   - Legal representation in court or administrative proceedings.
   - Legal research or negotiations associated with an individual case.
   - Preparation of legal documents and legal correspondence associated with an individual case.
   - Filing and serving legal documents.

"Direct Legal Services" does not include activities provided to groups of persons who are unrelated to a specific case . . . and does not include activities and services performed by individuals who are not attorneys or paralegals.

3.a. For the Legal Assistance Program, a Provider might have several separate cases involving the same client, or one case may have several clients.

For the Specified Time Period:

What was the total number of *cases* provided with Direct Legal Services . . . and
What was the total number of *unduplicated clients* who were provided with Direct Legal Services:

	Total number of **cases** provided with Direct Legal Services
	Total **unduplicated** number of **clients** provided with Direct Legal Services

3.b. For the Specified Time Period:

In the chart below: For the Legal Assistance Program, estimate the proportion of all *Direct Legal Services* that was provided in each of the following settings or locations:

Setting/Location For Providing Direct Legal Services for the Legal Services Program		Proportion (%) of Direct Legal Services Provided In Each Location/Setting
In person in the Provider's office		%
In person in the AAA's office		%
In person in the Senior Center (which may include a congregate meal site)		%
In person at a congregate meal site (that is NOT in a Senior Center)		%
In person in the client's home, group residence, or facility		%
By telephone or other form of communication—NOT in person		%
Other **(Describe):**		%
Other **(Describe):**		%
Other **(Describe):**		%
Total Direct Legal Services		100 %

3.c. The Provider's AAA contract might specify the location where the Provider *must* provide the Program's Direct Legal Services.

During the Specified Time Period, Check (X) if your AAA contract specified where your Direct Legal Services must be provided for the Legal Services Program:

	No
	Yes: Specify the location:

Section 4 Funding for the Legal Assistance Program

4.a. Some Providers have a contract with a single AAA to provide legal services in *several* counties.

For the Legal Assistance Program, Providers receive various forms of funding from the AAA, and some Providers supplement the AAA funding with funds from other sources.

For the Specified Time Period . . . in the chart below:

Column 1: List the counties that were served under your contract with the AAA;

Column 2: Specify the total amount of funding received from the AAA for each county; and

Column 3: Specify the total amount of funding you received from *all other* sources that were applied to the Legal Assistance Program for each county.

Col. 1 Name of Counties Served Under the Provider's contract with the AAA	Col. 2 Total Funding Received from the AAA for Each County Served with the Legal Assistance Program	Col. 3 Total Funding Received from *ALL Other* Sources that You Used for the Legal Assistance Program
#1. County name:	$	$
#2. County name:	$	$
#3. County name:	$	$
#4. County name:	$	$
#5. County name:	$	$

4.b. For the Specified Time Period:
Check (X) if the sources of funding for each county were exhausted, or not exhausted, before the end of the Specified Time Period:

Prior to the end of the Specified Time Period, status of funding for your Legal Assistance Program					
County	Funding from the AAA was:		Total Other Funding You Allocated to the Legal Assistance Program was:		
	Exhausted	NOT Exhausted	Exhausted	NOT Exhausted	Not Applicable
#1					
#2					
#3					
#4					
#5					

4.c. If you reported in Question 4.b that ALL funding (both AAA and Other funding) for the Legal Assistance Program was exhausted *before* the end of the Specified Time Period:

For requests you would ordinarily have accepted if you had sufficient resources:

Were additional requests for legal services received after total funding was exhausted for these counties:

County	Check (X) if additional requests were received:			If you answered "yes" for any county:	
	Do Not Know	No	Yes	Total number of requests received (actual or estimate) after all funding was exhausted	Check (X) if you do not know the number of requests received after all funding was exhausted
#1					
#2					
#3					
#4					
#5					

4.d. If you answered "Yes" in Questions 4.c---that is, additional requests were received after total funding was exhausted: Check (X) what action(s) you took—after ALL funding was exhausted—to address the additional requests for services or to finish open cases. Check all that apply:

	Actions Taken to Address Additional Requests for Services
	Not applicable—AAA made no further referrals once total funding was exhausted
	Took no action
	Placed the caller on a waiting list
	Referred the caller to the NY State Bar Association or local/regional Bar Association
	Referred the caller to another attorney or other legal assistance programs which might be able to assist the caller
	Other **(Describe):**
	Other **(Describe):**

4.e. For the Specified Time Period:

Briefly describe any strategies you used to extend funding to cover the Legal Assistance Program for the entire Specified Time Period.

Section 5

Provider's contract to provide services under the Legal Assistance Program

5.a. In the chart below, for the Specified Time Period:

For each function carried out for the Legal Assistance Program,
Check (X) who *actually* performed that function—regardless of who was contractually specified to perform it.
Check the:

A column if the **AAA** performed the function;

B column if the **Provider** performed the function;

C column if the **both** the AAA and Provider performed the function;

D column if function was **not applicable** for the contract;

E column if you "**do not know**."

During the Specified Time Period: Check (X) the box that indicates who *actually* carried out each function listed					
Function Performed for the Legal Assistance Program	(A) *AAA*	(B) *Provider*	(C) *Both AAA & Provider*	(D) *Not Applicable for the contract*	(E) *Do Not Know*
Intake					
Screens the caller					
Schedules initial appointment					
Instructs client on what documents to bring to the appointment					
Legal counseling, guidance, advice, and/or consultation to clients					
Preparation of legal correspondence					
Preparation of legal documents (for ex., wills, lease, power of attorney, petitions, etc.)					
Accompanies client in court proceedings					
Accompanies client to administrative hearings or proceedings					
Secretarial/clerical functions associated with the Legal Assistance Program (for ex., filing, typing, scheduling follow-up appointments, communication with client on general or administrative matters, etc.)					
Preparation of Legal Assistance Program reporting documents required by AAA					
Vouchering the AAA for services provided by the Provider					
Sends customer satisfaction survey to client					
Receipt and analysis of customer satisfaction surveys					
Asks for voluntary contributions (in person or by letter)					
Arranges community-based legal education events under the contract with the AAA					
Arranges client's legal assistance appointments in community locations other than the Provider's office					
Arranges client's legal assistance appointments in the client's home, residence, or facility					

Question 5.a continued:

Other **(Describe):**					
Other **(Describe):**					

5.b. For the Specified Time Period, *for the Legal Assistance Program contract* with the AAA:
In the chart below:
Estimate the proportion of the total contracted work time that was spent on the following tasks & services, regardless of who performed them:

Task	Proportion (%) of Total Legal Assistance Program Contract Time Spent On Each Task & Service
Client representation (accompanied the client) in court or at administrative hearings/proceedings	%
Other Direct Legal Services (as defined in the Glossary)	%
Travel time used in the provision of tasks, activities, and services for the Legal Assistance Program	%
Training of AAA staff and Long-Term Care Ombudsman coordinators and staff	%
Media, education, or training provided to public groups	%
All other tasks and activities associated with providing the Legal Assistance Program---including secretarial/clerical support, making appointments, mailings, vouchering, preparing and analyzing consumer satisfaction surveys, other support functions, etc.	%
Other **(Describe)**:	%
TOTAL Contract Time	100 %

5.c. For the Specified Time Period:

Check (X) if there were any programmatic guidelines specified by the AAA . . . or any pressures exerted by anyone that the Provider <u>had</u> to adhere to when providing the Legal Assistance Program's services:

	Yes
	No
	Do not know

5.d. If you answered "yes" to Question 5.c:

In the chart below: Check (X) if the pressure or guidelines were specified by the AAA or some other entity. Leave the answer space blank if the listed pressure or guideline does not apply.

Pressures or Guidelines Regarding Services for the Legal Assistance Program	Not Applicable	The listed pressure or guideline was specified by the AAA	The listed pressure or guideline was specified by an entity *other than* the AAA
Must prioritize low-income clients			
Must target a specific age group other than "at least 60 years of age" (Specify targeted age):			

Question 5.d continued

Pressures or Guidelines	Not Applicable	Specified by the AAA	Specified by an entity *other than* the AAA
Must provide only advice and consultation			
Must provide only representation in court proceedings			
Must provide only representation in administrative hearings or proceedings			
Must provide assistance in only limited areas of law **(Describe):**			
Pressure to decline requests for legal assistance regarding specific topics, issues, or subject matter			
Other pressure or programmatic guideline **(Describe):**			
Other pressure or programmatic guideline **(Describe):**			

Section 6

Provider's <u>overall</u> characteristics

Instruction:

⋆⋆ **Questions in Section 6 refer to the Provider's Entire Legal Practice---*<u>not</u> just* the tasks, activities, and services provided through the AAA-contracted Legal Assistance Program.**

Definition:

"Entire Legal Practice" includes both:

1. **All the activities, tasks, and services associated with clients served through the Legal Assistance Program . . . *plus***
2. **All the tasks, activities, and services associated with all <u>other</u> clients served by the Provider.**

6.a. During the Specified Time Period:

Check (X) if the Provider was a:

	Sole practitioner
	Law firm (including a partnership)
	Not-for-profit Legal Aid Organization
	Other not-for-profit organization established solely for the purpose of providing legal assistance
	Not-for-profit organization established for multiple purposes, including provision of legal assistance
	Law-school-based legal clinic
	Other **(Describe):**

6.b. During the Specified Time Period --- for the Provider's Entire Legal Practice:

List *ALL* the areas of legal expertise for which you are qualified to provide legal assistance (e.g., guardianship, housing, corporation, bankruptcy, Medicaid, health, disability, intellectual property, fraud and abuse, estate planning, elder law, discrimination, entertainment, litigation, and others):

6.c. During the Specified Time Period --- for the Provider's Entire Legal Practice:

Describe the Provider's *total* size and types of *paid* personnel:

Total Paid Personnel---for Entire Legal Practice During the Specified Time Period	
All Paid Personnel who were employed by or utilized by the Provider	Number
Paid Attorneys	
Paid Paralegals	
Paid Interns/Fellows	
All Other Paid Staff & Paid Individuals	
Total paid personnel	

6.d. During the Specified Time Period --- for the Provider's Entire Legal Practice:

Specify (or estimate) the proportion of the Provider's *total cases* who were characterized as having limited or no English-speaking proficiency:

%

6.e. During the Specified Time Period--- for the Provider's Entire Legal Practice:

Did you use any of the following as a resource to help you provide legal assistance to your clients. Check (X) all that apply:

	1. National Legal Resource Center (NLRC)
	2. National Consumer Law Center (NCLC)
	3. National Senior Citizens Law Center (NSCLC)
	4. Center for Elder Rights Advocacy (CERA)
	5. American Bar Association Commission on Law & Aging (ABA/Law & Aging)
	The Center for Social Gerontology (TCSG)
	LawHelp
	NY State, regional, or local Bar Association
	Do not know
	Used none of the organizations listed

6.f. If you used any of the resources numbered 1-5 in Question 6.e:
Check (X) which of the following types of assistance or supports you used:

	Training (including webinars or materials on pertinent topics)
	Case consultation
	Other assistance **(Describe):**

	Not applicable—did not use any resources numbered 1-5 in Question 6.e.

6.g. If you did NOT use any of the resources numbered 1-5 in Question 6.e:
Explain the reason(s) why those resources were NOT used:

	Not applicable – you explained the resources you used in Question 6.f

6.h. List any other organizations you used as a resource to help you provide legal assistance during the Specified Time Period:

	Not applicable – used no other resources

6.i. A "program" to provide legal services can be funded by one or multiple funding sources.
Question 6.i pertains to "programs" and NOT to the various funding sources supporting those programs.
During the Specified Time Period--- for your Entire Legal Practice:
How many "programs" serving individuals of any age with social or economic needs did you participate in:

	# of AAA-contracted Legal Assistance Programs
	# of other programs serving individuals of any age with economic or social needs
	Total number of programs serving individuals with economic or social needs you participated in in your Entire Legal Practice

Section 7
Provider's Experience with the AAA

7.a. For the following items, rate your experience with the AAA during the Specified Time Period, using the rating scale in the chart:

Your experiences with the AAA, using the following rating scale numbers:	
1= satisfactory 2= somewhat satisfactory 3= neither satisfactory nor unsatisfactory	4= somewhat unsatisfactory 5= unsatisfactory 6= not applicable
Experience	Enter the rating scale # for each experience
The contract application procedure/process with the AAA	
Negotiating the amount of funding	
Payment process for services provided	
AAA's record-keeping requirements	
AAA's reporting requirements	
Client-referral process	
Quality of communication & information-sharing between Provider and AAA	
Quality of interpersonal relations	
Availability of AAA for contact, communication, information-sharing, etc.	
Follow-up with AAA about a client, when Provider found it necessary or warranted	
Other **(Describe):**	
Other **(Describe):**	
***Overall* working relationship and interactions with AAA**	

7.b. If you reported in Question 7.a that your *overall* working relationship and interactions with the AAA was "unsatisfactory" or "somewhat unsatisfactory":

List up to three (3) ways in which your experience with the AAA could be improved:

1.	
2.	
3.	

	Do Not Know
	Not Applicable

7.c. If you reported in Question 7.a that your *overall* relationship and interactions was "satisfactory":
List up to three (3) elements of the relationship that contributed to the experience being satisfactory:

1.	
2.	
3.	

	Do Not Know
	Not Applicable

Section 8
Legal Assistance Program

8.a. What do you think are the greatest strengths of the AAA Legal Assistance Program---list up to three (3):

1.	
2.	
3.	

	Do Not Know

8.b. Do you have any suggestions or recommendations for improving or strengthening the AAA Legal Assistance Program---list up to three (3):

1.	
2.	
3.	

	Do Not Know

8.c. If training were made available to Providers and to any other individuals or entities the Provider might utilize to carry out the tasks & services under the Legal Assistance Program:

List up to four (4) areas of training that you would find most useful:

1.	
2.	
3.	
4.	

	Do Not Know

Optional—Provide any additional comments you wish to make:

★★★

Thank you for participating in this research project

Submit by email to: Vera.prosper@ofa.state.ny.us

or by regular mail to:

Vera Prosper, PhD, Director, Legal Services Initiative
New York State Office for the Aging, 2 Empire State Plaza, Albany, NY 12223

Statewide Survey of Legal Services Providers (multi-contract): Aging Network's Legal Assistance Program
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Appendix C.2

LSI New York State Legal Services Initiative

NY State Office for the Aging

NY State Office of Court Administration

NY State Bar Association

NY State Office for People With Developmental Disabilities

A statewide survey of Providers who have contracts with more than one Area Agency on Aging to provide legal services and assistance to older adults under the Legal Assistance Program, which is a federally mandated program in the Older Americans Act. The instrument was created as a fillable Document Template in the Microsoft Word program. It was emailed to the Providers, who saved the instrument as a Word document, completed the questionnaire on-line, and submitted it via email.

Statewide Survey of Legal Services Providers (multi-contract): Legal Assistance Program

Statewide Analysis:

This research Questionnaire is **specifically** for legal services *providers* who are under contract with Area Agencies on Aging (AAA) to provide legal assistance through the AAA's *Legal Assistance Program*, which is funded by Title III-B of the Older Americans Act *and* other supplemental resources.

Purpose of the Research Project:

The Legal Services Initiative partnership will conduct this research to understand the status of legal assistance available for older adults in New York. Findings will serve as a basis for strengthening the State's network of *Legal Assistance Programs* and for providing education and training for AAAs and their contracted legal services providers.

You (or your agency) have been identified as a legal services provider under contract with <u>more than one</u> Area Agency on Aging.

Please complete and submit your Questionnaire by August 1, 2013:

<u>Contents</u>:

Page 1	Submission date and where to submit your completed Questionnaire
Page 1	Contact for questions and clarification
Page 2	Guidance/instructions for completing the Questionnaire form
Page 2	Introduction
Page 3 & 4	Glossary of terms used in the Questionnaire
Page 4	Begin the Questionnaire

<u>Submission</u>:

Please complete and submit your Questionnaire by: **August 1, 2013**

Submit *electronically* to: vera.prosper@ofa.state.ny.us

or by

Regular mail to:
Vera Prosper, NY State Office for the Aging, 2 Empire State Plaza, Albany, NY 12223

***<u>Contact</u>*:**

If you would like to discuss or receive clarification on any of the definitions, instructions, or questions in this Questionnaire, please contact:

Laura Beck at (518) 408-1103, or Vera Prosper at (518) 474-4382

***Guidance for Completing the Questionnaire*:**

I. **The Questionnaire can be completed various ways:**

a. Completed on-line and submitted as an email attachment;
b. Completed on-line, printed, and the paper copy mailed via regular mail.
c. The Questionnaire can be printed, and the paper copy can be filled out manually and mailed via regular mail.
d. Please DO NOT fax the completed Questionnaire.

II. **Completing the Questionnaire on-line:**

1. The Questionnaire has been created as a Microsoft *Word Input Form* template. This allows answers to be entered without disrupting the formatting of the rest of the Questionnaire.
2. Each answer slot has been programmed to allow you to enter a specific maximum number of characters.
3. "Save" the Questionnaire: When you have opened the Questionnaire attachment, save it; it will automatically save as a template (.dot or .dotx).
4. If you wish to scroll back and forth through the Questionnaire: use the scroll bar on the right side of your computer screen or use the scroll/roll button on your mouse.
5. To fill in answers:
   - Put your cursor on the first answer slot . . . begin typing your answer.
   - Use the "Tab" key on your keyboard to automatically move from one answer slot to the next.
   - Or, at any time, you can scroll down and put your cursor on any answer slot and begin typing your answer.
6. To change an answer that you have already completed: Scroll back and put your cursor on the desired answer slot and make your changes. Then, "Tab" back down to where you need to enter your next answer or scroll down and put your cursor on the desired answer slot.
8. "Saving" the Questionnaire is important: As with any Word document, you must save it before closing the document or before submitting the document. **If you have not saved your document, you will lose the answers you have already entered.**
9. If you do not finish the Questionnaire in one sitting: Save the Questionnaire before closing it. You can re-open it in the Word program at a later time to complete it.
10. When you have completed the Questionnaire: Save the document and submit it via email or print and mail the paper copy. See email and regular mail addresses on Page 1.

III. **Completing the Questionnaire manually:**

1. You may choose to print a paper copy of the Questionnaire; then use a typewriter or pencil to enter your answers. Mail the paper copy via regular mail.

***INTRODUCTION*:**

Provision of legal assistance: Pursuant to the Federal Older Americans Act (OAA), each Area Agency on Aging (AAA) is required to make legal services available to older adults. A critical share of these legal services is provided at the community level through the AAA network's *Legal Assistance Programs*—primarily through the AAAs' network of contracted legal services providers. Funding for these services is provided through Title III-B of the OAA; in addition, AAAs might use additional funding resources, volunteers, and *pro bono* services to supplement their Title III-B funds.

Gap in accessible and affordable legal services: Information from the aging services network indicates that there is a widening gap in available, accessible, and affordable legal resources for New York's older population. At the federal level the Administration on Aging is focusing attention on effective approaches for delivering high quality legal services to older adults across all states. In New York, the *Legal Services Initiative* partnership has joined forces to study this gap in our State and to devise strategies to address the growing need.

Research Questionnaires: As a crucial first task in this effort, the State Office for the Aging will gather information through Questionnaires from the two key groups directly associated with the *Legal Assistance Program:* (1) Directors of AAAs, and (2) AAAs' contracted legal services providers.

These research findings will be the basis for the partnership to: (a) establish goals and implement steps to strengthen the *Legal Assistance Programs*, (b) identify areas for technical assistance to help the AAAs and their legal services providers, and (c) develop best practice models to be shared among the AAAs and providers—with an ultimate goal of improving access to legal assistance by older adults in New York State.

Glossary

Provider: In this Questionnaire, "Provider" refers to the attorney or entity (e.g., law firm or not-for-profit organization) who is under contract with the AAA and has responsibility for providing services under the AAA's Legal Assistance Program. Your answers apply to "you" as the attorney or to "the entity" if multiple individuals are responsible for providing the contracted services. In the Questionnaire, the "Provider" will be interchangeably referred to as "you" or "the Provider."

Direct Legal Services: In this Questionnaire, "Direct Legal Services" means those activities and services that:

5. Are provided through the AAA-contracted Legal Assistance Program;
6. Are provided *only* by an attorney or paralegal;
7. Are carried out for *individual cases* (whether a case is an individual person; or a person bringing his friend or representative or family members to participate in case discussions; or an individual case brought on behalf of multiple persons—for example, a case against a landlord on behalf of all tenants in an apartment building);

<u>and that</u>

8. Include *only* the following tasks and activities:
   - Client interviews for issue-identification and making a decision to take the case or not.
   - Referral of an individual client to another attorney or legal services program;
   - Legal advice or counsel—in person or by telephone or other means of communication.
   - Legal representation in court or administrative proceedings.
   - Legal research or negotiation associated with an individual case.
   - Preparation of legal documents and legal correspondence associated with an individual case.
   - Filing and serving legal documents.

"Direct Legal Services" does not include activities provided to groups of persons who are unrelated to a specific case . . . and does not include activities and services performed by individuals who are <u>not</u> attorneys or paralegals.

Legal Assistance Program: This term refers to *ALL tasks, activities, and services* associated with the Provider's provision of the Legal Assistance Program—including those provided for an individual case or provided to groups of individuals who are unrelated to a specific case—and including those performed by an attorney, paralegal, and by someone (paid or unpaid) other than the attorney or paralegal.

"Legal Assistance Program" includes all Direct Legal Services described above, together with all other tasks and activities associated with carrying out the Program, such as vouchering, secretarial/clerical tasks, scheduling appointments, general intake and referral, general correspondence and communication, non-legal persons accompanying individuals to court or hearing proceedings, community educational presentations, training of AAA staff, training of Long-Term Care Ombudsman coordinators and volunteers, and others.
Together, *ALL* tasks, activities, and services associated with carrying out the Program will be referred to in the Questionnaire as the "Legal Assistance Program."

Case and **Client:** Some Providers do not identify or define calls to the Program for assistance as "cases," nor do they define the individual(s) making the calls as "clients."

<u>Case</u>: However, in this Questionnaire, each call to the Program that results in the provision of any of the Direct Legal Services defined above will be referred to as a "case."
<u>Client</u>: A case involves one or more individuals who are *directly* involved in the problem/issue presented and the outcome resulting. In this Questionnaire, such individuals will be referred to as the "client(s)." "Clients" do *not* include the individuals brought along by a client as a 'second set of ears' or as a formal or informal interpreter, advisor, or agent/representative.

Specified Time Period:

(a) For this Questionnaire, your answers should apply to the Provider's provision of the Legal Assistance Program during the time period January 1, 2012, through December 31, 2012. This will be referred to as the "Specified Time Period" in this Questionnaire.
(b) Some Providers were under contract with a AAA to provide the Legal Assistance Program for fewer than 12 months during the year 2012. If your AAA contract had been for fewer than 12 months during 2012, answer the questions for the total months you were under contract during January 1, 2012 through December 31, 2012. For such Providers, this will constitute the “Specified Time Period.”

Glossary (continued)
Entire Legal Practice: Questions in Section 6 of the Questionnaire refer to the Provider's "Entire Legal Practice." "Entire Legal Practice" includes: 1. All the tasks, activities and services carried out to provide the AAA's Legal Assistance Program, together with 2. All the tasks, activities, and services provided to all other clients served by the Provider's office, agency, or practice.

Questionnaire

A. During the Specified Time Period:
Did the Provider contract with one or more Area Agency on Aging (AAA) to provide services through the AAA's Legal Assistance Program:

	Yes
	No

***Instruction*:**
★★ ***If you answered "No" to Question "A" above:***

Please go no further, but print your name in the box and submit your Questionnaire to the electronic address or the regular mail address, both of which are listed on page 1.

Print your name: _____

★★ ***If you answered "Yes" to Question "A" above:***
Please continue completing the rest of the Questionnaire below.

Instruction:

★★ Some Providers had contracts with more than one AAA to provide services under their Legal Assistance Programs. Throughout the Questionnaire, there is answer space for up to eight contracts.

★★ Throughout the Questionnaire, keep the *contract number* (1 through 8) and its equivalent *county name* consistently the same.

B. Specified Time Period for each contract with a AAA:

Column 1: Specify the county name, and
Columns 2 & 3: Specify the Time Period (as defined in the Glossary) that you were *under contract* with each AAA to provide Legal Assistance Program services:

Col. 1 AAA's County Name	Col. 2 & 3 Time Period Under Contract with each AAA Specify: *From* month/day/2012 *Through* month/day/2012	
AAA Contract #1 County name:	From:	Through:

AAA Contract #2 County name:	From:	Through:
AAA Contract #3 County name:	From:	Through:
AAA Contract #4 County name:	From:	Through:
AAA Contract #5 County name:	From:	Through:
AAA Contract #6 County name:	From:	Through:
AAA Contract #7 County name:	From:	Through:
AAA Contract #8 County name:	From:	Through:

C. During the Specified Time Period for each contract:
Check (X) if the Provider was a Legal Services Corporation grantee:

During the Specified Time Period Was the Provider a Legal Services Corporation grantee								
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Yes								
No								
Do Not Know								

Section 1
Issues/problems presented for help to the Provider of the Legal Assistance Program

Reminder: Keep each Contract # consistent with its county name—as you stated them in Question B.

1.a. During the Specified Time Period, for each contract:
List the five (5) topics/issues presented *most often* by callers requesting help under the Legal Assistance Program:

Contract 1:	
1.	
2.	
3.	
4.	
5.	

Contract 2:	
1.	
2.	
3.	
4.	
5.	

Contract 3:	
1.	
2.	
3.	
4.	
5.	

Contract 4:	
1.	
2.	
3.	
4.	
5.	

Contract 5:	
1.	
2.	
3.	
4.	
5.	

Contract 6:	
1.	
2.	
3.	
4.	
5.	

Contract 7:	
1.	
2.	
3.	
4.	
5.	

Contract 8:	
1.	
2.	
3.	
4.	
5.	

1.b. NYSOFA is aware that for reasons other than a lack of funding, Providers might *decline* requests for legal assistance. In some instances the decision is based on the subject matter or other factors.

During the Specified Time Period---for each of the topics in the chart below:
Whether you actually received requests or did not receive requests for assistance:

For each contract:

Enter an "A" if you would ordinarily have "Accepted" requests for help in the topic if such requests had been presented to you.

Enter a "D" if you would ordinarily have "Declined" requests for help in the topic if such requests had been presented to you.

Enter an A = if you would ordinarily have *accepted* requests for assistance in the topic Enter a D = if you would ordinarily have *declined* requests for assistance in the topic								
Topic Categories	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Estate planning (wills, advance directives, powers of attorney, trusts, guardianship, etc.)								
Financial planning								
Public benefits (food stamps, HEAP, social security, shelter allowance, application forms, Medicaid, etc.)								
Health & long-term care (health or medical care, in-home or community-based care, medical malpractice, caregiving responsibilities, etc.)								
Medicaid, Medicare, private or public health or long-term insurance premiums or reimbursement claims, etc.								
Other insurance (home/property, car, fire, school, etc.)								
Taxes (property, income, other taxes/fees)								
Debt (bankruptcy, foreclosure, credit card, bill collectors, hospital bills, liens, loans, etc.)								
Wages and income (pensions, railroad or veterans benefits, salary, annuity payments, employment benefits, dividends, etc.)								
Employment (discrimination, harassment, discharge issues, other employment-related issues)								
Education and professional issues (licenses, etc.)								
Family (divorce, permanency planning, foster care, adoption, family dynamics, educational or medical issues for custodial grandchildren, etc.)								

Question 1.b continued:

Enter an A = if you would ordinarily have *accepted* requests for assistance in the topic Enter a D = if you would ordinarily have *declined* requests for assistance in the topic								
Topic Categories	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Issues related to nursing home, adult home, assisted living, other specialized residences (care, discrimination, fraud, abuse, fees and charges, etc.)								
Landlord/tenant--rental (fees/charges, lease, condition of living unit, neighbors, safety or crime, harassment, discrimination, eviction, etc.)								
Homeownership (repairmen, neighbors, safety or crime, zoning, discrimination, mortgage, roommates, renting rooms, etc.)								
Utilities (homeowner or rental)								
Accessibility (home, rental, neighborhood, community, transportation, etc.)								
Accessibility (language, testing, technology, etc.)								
Police, court system, law suits, arrests, etc.								
Fraud (consumer contracts, marketers, financial planners, etc.)								
Abuse & neglect (financial, physical, mental, emotional, sexual—by spouses, family members, caregivers, care providers, or others, etc.)								
Discrimination (gender, sexual orientation, religion, race, age, civil rights, etc.)								
Other: Is there another topic not listed here for which you would have ordinarily accepted requests for help **(Describe):**								
Other: Is there another topic not listed here for which you would have ordinarily accepted requests for help **(Describe):**								

1.c. In the chart below --- during the Specified Time Period, for each contract:

If you indicated in Question 1 b that you would have ordinarily *declined* some requests for assistance in any of the topic categories:
Check (X) the **three (3)** main reasons for *declining* these requests ---
Check (X) only 3 for each contract.

Reasons For Ordinarily Declining Requests for Assistance	For Each Contract: Check (X) the **3 Main Reasons**							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Topic was not a priority specified by the AAA.								
Topic was not covered under the Legal Assistance Program.								
Topic was covered by another legal program or agency.								
Level of assistance requested was beyond the scope of service the Provider was responsible for offering under the AAA contract.								
The topic would have taken a disproportionate amount of the Legal Assistance Program's available time/resources to handle the work load required for the topic.								
Topic was outside the Provider's areas of legal expertise.								
Other reason **(Describe):**								
Other reason **(Describe):**								
Not applicable---no topic areas in Question 1.b would be declined								

1.d. During the Specified Time Period:

If there were any topics in Question 1.b that you would ordinarily have accepted, but which you declined requests for assistance:

Estimate the proportion of the declined requests . . . that were due to:

%	Funds for the program were exhausted
%	Some other reason
100 %	Total declined requests that would ordinarily have been accepted

	Check (X) if Not Applicable---no requests were declined

Section 2
***All* tasks, activities, & services performed to carry out the Legal Assistance Program**

Instruction:
Questions in Section 2 refer to ALL tasks and services performed to carry out the Legal Assistance Program contract . . . . not just those performed by an attorney or paralegal.

See the Glossary definition of "Legal Assistance Program."

Reminder: Keep each Contract # consistent with its county name—as you stated them in Question B.

2.a. In the chart below --- for the Specified Time Period:

In "full time equivalents" (FTEs)—what was the number of *paid* individuals the Provider used to carry out *all* the tasks, activities, and services for the Legal Assistance Program:

Individuals	# of Paid Individuals Used to Carry Out the Legal Assistance Program Expressed In Full-Time-Equivalents (FTEs)							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
# of Paid Attorneys								
# of Paid Paralegals								
# of Paid Interns/Fellows								
# of Other Paid Staff or Paid Individuals (for example, secretarial, clerical, administrative, other support staff. etc.)								

2.a.a. For each contract--- what was the average number (actual or estimated) of *hours per month* that were spent by the *total* number of persons in each category of individuals carrying out the tasks, activities, and services for the Legal Assistance Program:

Category of Individuals During the Specified Time Period	Average # of Hours Per Month Spent by the Total Number of Persons in Each Category							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
All the Paid Attorneys								
All the Paid Paralegals								
All the Paid Interns/Fellows								
All the Other Paid Staff or Paid Individuals . . . other than attorneys or paralegals (for ex., secretarial, clerical, administrative, other support staff, etc.)								

2.b. During the Specified Time Period:

Did the Provider use any of the following individuals to perform the tasks, activities, and services needed to implement the Legal Assistance Program. Check (X) all that apply:

	Pro bono attorney(s)
	Pro bono paralegal(s)
	Unpaid interns/fellows
	Volunteers
	Other unpaid individuals **(Describe):**

2.c. Providers acquire cases through a variety of sources.

During the Specified Time Period, in the chart below:

For *just* the Legal Assistance Program, estimate the proportion (%) of the Provider's cases that originated from each of the following sources:

Source of Cases for the **Legal Assistance Program**	Estimated Proportion (%) of Legal Assistance Program Cases Acquired Through Each Type of Source							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Client self-referral	%	%	%	%	%	%	%	%
Referral by client's caregiver, family, friend, or agent	%	%	%	%	%	%	%	%
AAA staff	%	%	%	%	%	%	%	%
Long-Term Care Ombudsman (state or local)	%	%	%	%	%	%	%	%
NY State, Regional, or Local Bar Association	%	%	%	%	%	%	%	%
Another law firm or attorney	%	%	%	%	%	%	%	%
Legal Aid Office – when the Legal Aid Office is someone other than the Provider	%	%	%	%	%	%	%	%
Local Department of Social Services (including Protective Services for Adults Program)	%	%	%	%	%	%	%	%
Community social services or housing agency	%	%	%	%	%	%	%	%
Other **(Describe):**	%	%	%	%	%	%	%	%
Other **(Describe):**	%	%	%	%	%	%	%	%
Referral source—Unknown	%	%	%	%	%	%	%	%
Total referral sources for cases/clients	%	%	%	%	%	%	%	%

Section 3
Direct Legal Services
Provided for the Legal Assistance Program

Instructions:

Questions in Section 3 refer only to those tasks and services in the Legal Assistance Program that meet the definition of "Direct Legal Services."

For questions in Section 3 please to adhere to the definition of "Case" and "Client" as defined in the Glossary.

Definition:

Direct Legal Services" means those activities and services that:

1. **Are provided through the AAA-contracted Legal Assistance Program;**
2. **Are provided *only* by an attorney or paralegal;**
3. **Are carried out for *individual* cases (whether a case is an individual person; or a person bringing his friend or representative or family members to participate in case discussions; or an individual case brought on behalf of multiple persons—for example, a case against a landlord on behalf of all tenants in an apartment building);**

and that

4. **Include only the following tasks and activities:**
   - **Client interviews for issue-identification and making a decision to take the case or not.**
   - **Referral of an individual client to another attorney or legal services program;**
   - **Legal advice or counsel—in person or by telephone or other means of communication.**
   - **Legal representation in court or administrative proceedings.**
   - **Legal research or negotiations associated with an individual case.**
   - **Preparation of legal documents and legal correspondence associated with an individual case.**
   - **Filing and serving legal documents.**

"Direct Legal Services" does not include activities provided to groups of persons who are unrelated to a specific case . . . and does not include activities and services performed by individuals who are not attorneys or paralegals

Reminder: Keep each Contract # consistent with its county name—as you stated them in Question B.

3.a. For the Legal Assistance Program, a Provider might have several separate cases involving the same client, or one case may have several clients.

During the Specified Time Period:

In the chart below:
What was the total number of *cases* provided with Direct Legal Services . . . and
What was the total number of *unduplicated clients* who were provided with Direct Legal Services:

AAA Contract	Total number of *CASES* provided with Direct Legal Services	Total unduplicated number of *CLIENTS* provided with Direct Legal Services
Contract #1		
Contract #2		
Contract #3		
Contract #4		
Contract #5		
Contract #6		
Contract #7		
Contract #8		

3.b. During the Specified Time Period---for the Legal Assistance Program:

For each of the Provider's contracts, estimate the proportion of all *Direct Legal Services* that was provided in each of the following settings or locations:

Setting/Location for Providing Direct Legal Services in the Legal Services Program	Proportion (%) of Total Direct Legal Services Provided In Each Location/Setting							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
In-person in the Provider's office	%	%	%	%	%	%	%	%
In-person in the AAA's office	%	%	%	%	%	%	%	%
In-person in the Senior Center (which may include a congregate meal site)	%	%	%	%	%	%	%	%
In-person at a congregate meal site (that is NOT in a Senior Center)	%	%	%	%	%	%	%	%
In-person in the client's home, group residence, or facility	%	%	%	%	%	%	%	%
By telephone or other form of communication—NOT in-person	%	%	%	%	%	%	%	%
Other **(Describe):**	%	%	%	%	%	%	%	%
Other **(Describe):**	%	%	%	%	%	%	%	%
Other **(Describe):**	%	%	%	%	%	%	%	%
Total Direct Legal Services	100%	100%	100%	100%	100%	100%	100%	100%

3.c. The Provider's AAA contract might specify the location where the Provider *must* provide the Program's Direct Legal Services.

During the Specified Time Period, Check (X) whether any of your AAA contracts *specified where* your Direct Legal Services must be provided. If you checked "yes" for any contract, indicate the required location:

Check (X) whether the location for providing Direct Legal Services was stipulated in the AAA contract			
Contract	No	Yes	If you answered "Yes": Specify the location
Contract #1			
Contract #2			
Contract #3			
Contract #4			
Contract #5			
Contract #6			
Contract #7			
Contract #8			

Section 4
Funding
for the Legal Assistance Program

Reminder: Keep each Contract # consistent with its county name—as you stated them in Question B.

4.a. For the Legal Assistance Program, Providers receive various forms of funding from the AAA, and some Providers supplement the AAA funding with funds from other sources.

For the Specified Time Period . . . in the chart below:

Column 1: Specify the total amount of funding received from the AAA for each contract/county; and
Column 2: Specify the total amount of funding the Provider received from *all other* sources that were applied to provide the Legal Assistance Program for each contract.

Contracts with AAAs	Col. 1 Total Amount of Funding Received from the AAA for the Legal Assistance Program	Col. 2 Total Funding You Received from *ALL* Other Sources that You Used for the Legal Assistance Program
Contract #1	$	$
Contract #2	$	$
Contract #3	$	$
Contract #4	$	$
Contract #5	$	$
Contract #6	$	$
Contract #7	$	$
Contract #8	$	$

4.b. For the Specified Time Period:

Check (X) if the sources of funding for the Legal Assistance Program were exhausted, or not exhausted, before the end of the Specified Time Period:

AAA Contract	Prior to the end of the Specified Time Period:				
	Funding from the AAA was:		Total other funding you allocated to the Legal Assistance Program was:		
	Exhausted	NOT Exhausted	Exhausted	NOT exhausted	Not Applicable
Contract #1					
Contract #2					
Contract #3					
Contract #4					
Contract #5					
Contract #6					
Contract #7					
Contract #8					

4.c. If, for any of your AAA contracts, you reported in Question 4.b that ALL funding (both AAA and Other funding) for the Legal Assistance Program was exhausted *before* the end of the Specified Time Period:

For requests you would have ordinarily accepted if you had sufficient resources,

Check (X) if additional requests for legal services were received after total funding was exhausted:

Legal Assistance Program Contracts	Were additional requests for legal services received after *total* funding was exhausted			If you answered "yes" for any contract: For requests you would ordinarily have accepted if you had sufficient resources:	
	Do not know	Yes	No	Number (actual or estimated) of requests received *after all Legal Assistance Program funding was exhausted*	Check (X) if you Do Not Know the number
Contract #1					
Contract #2					
Contract #3					
Contract #4					
Contract #5					
Contract #6					
Contract #7					
Contract #8					

4.d. If you answered "Yes" in Question 4.c for <u>any</u> of your contracts---that is, additional requests were received after total funding was exhausted:

Check (X) what action(s) you took—after ALL funding was exhausted—to address the additional requests for services or to finish open cases. Check all that apply:

	Not applicable—AAA made no further referrals once resources were exhausted
	Took no action
	Placed the caller on a waiting list
	Referred the caller to the NY State Bar Association or local/regional Bar Association
	Referred the caller to another attorney or other legal assistance programs which might be able to assist the caller
	Other **(Describe):**
	Other **(Describe):**

4.e. For the Specified Time Period:

Briefly describe any strategies you used to extend funding to cover the Legal Assistance Program for the entire Specified Time Period :

Section 5
Provider's contract to provide services under the Legal Assistance Program

Reminder: Keep each Contract # consistent with its county name—as you stated them in Question B.

5.a. For the Specified Time Period:

For each contract: Indicate (with an A, B, C, D, or E) who *actually* performed each function for the Legal Assistance Program—regardless of who was contractually specified to perform it.

A = If the **AAA** performed the function
B = If the **Provider** performed the function
C = If **both** the AAA & Provider performed the function
D = If the function was **not applicable** for the contract
E = If you "**do not know**"

Function	Who *Actually* Performed the Function: Indicate With an A, B, C, D, or E							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Intake								
Screens the caller								
Schedules initial appointment								
Instructs client on what documents to bring to the appointment								
Legal counseling, guidance, advice, and/or consultation to clients								
Preparation of legal correspondence								
Preparation of legal documents (for ex., wills, lease, power of attorney, petitions, etc.)								
Accompanies client in court proceedings								
Accompanies client to administrative hearings or proceedings								
Secretarial/clerical functions associated with the Legal Assistance Program (for ex., filing, typing, scheduling follow-up appointments, communication with client on general or administrative matters, etc.)								
Preparation of Legal Assistance Program reporting documents required by AAA								
Vouchering the AAA for services provided by the Provider								
Sends customer satisfaction survey to client								
Receipt and analysis of customer satisfaction surveys								
Asks for voluntary contributions (in person or by letter)								
Arranges community-based legal education events under the contract with the AAA								
Arranges client's legal assistance appointments in community locations other than the Provider's office								
Arranges client's legal assistance appointments in the client's home, residence, or facility								
Other **(Describe):**								
Other **(Describe):**								

5.b. For the Specified Time Period, *for each AAA Legal Assistance Program contract*:

Estimate the proportion of the total contracted work time that was spent on the following tasks & services, regardless of who performed them:

Task for Legal Assistance Program	% of Total Contracted Time Spent On Each Task/Service							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Client representation (accompanied the client) in court or at administrative hearings or proceedings	%	%	%	%	%	%	%	%
Other Direct Legal Services (as defined in the Glossary)	%	%	%	%	%	%	%	%
Travel time used in the provision of tasks, activities, and services for the Legal Assistance Program	%	%	%	%	%	%	%	%
Training AAA staff and Long-Term Care Ombudsman coordinators and staff	%	%	%	%	%	%	%	%
Media, education, or training provided to public groups	%	%	%	%	%	%	%	%
All other tasks and activities associated with providing the Legal Assistance Program---including secretarial/clerical support, making appointments, mailings, vouchering, preparing and analyzing consumer satisfaction surveys, other support functions, etc.	%	%	%	%	%	%	%	%
Other **(Describe):** _____	%	%	%	%	%	%	%	%
TOTAL Contract Time	100%	100%	100%	100%	100%	100%	100%	100%

5.c. For the Specified Time Period---For any contracts:

Check (X) if there were any programmatic guidelines specified by the AAA . . . or any pressures exerted by anyone . . . that the Provider had to adhere to when providing the Legal Assistance Program's services:

- [ ] Yes
- [ ] No
- [ ] Do not know

5.d. If you answered "yes" to Question 5.c:
In the chart below, for each contract:

Enter an "A": if the listed guideline or pressure was specified by the AAA.
Enter a "B": if the listed guideline or pressure was exerted by anyone else.
Leave the answer space blank if the listed pressure or guideline does not apply to a contract.

Guidelines or Pressures	A = specified by AAA B = specified by another entity Leave blank if the pressure or guideline does not apply							
	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
Must prioritize low-income clients								
Must target a specific age group other than "at least 60 years of age" (Specify age in the relevant contract box in the chart)								
Must provide only advice and consultation								
Must provide only representation in court proceedings								
Must provide only representation in administrative hearings or proceedings								
Must provide assistance in only limited areas of law **(Describe):**								
Pressure to decline requests for legal assistance regarding specific topics, issues, or subject matter								
Other pressure or program guideline **(Describe):**								
Other pressure or program guideline **(Describe):**								

Section 6
Provider's overall characteristics

Instruction:

⋆⋆ Questions in Section 6 refer to the Provider's Entire Legal Practice---*not just* the tasks, activities, and services provided through the AAA-contracted Legal Assistance Program.

Definition:

"Entire Legal Practice" includes both:

1. **All the activities, tasks, and services associated with clients served through the Legal Assistance Program . . . *plus***
2. **All the tasks, activities, and services associated with all other clients served by the Provider.**

6.a. During the Specified Time Period, Check (X) if the Provider was a:

	Sole practitioner
	Law firm (including a partnership)
	Not-for-profit Legal Aid Organization
	Other not-for-profit organization established solely for the purpose of providing legal assistance
	Not-for-profit organization established for multiple purposes, including provision of legal assistance
	Law-school-based legal clinic
	Other **(Describe):**

6.b. During the Specified Time Period--- for the Provider's Entire Legal Practice

List *ALL* the areas of legal expertise for which you are qualified to provide legal assistance (e.g., guardianship, housing, corporation, bankruptcy, Medicaid, health, disability, intellectual property, fraud and abuse, estate planning, elder, discrimination, entertainment, litigation, and others):

6.c. During the Specified Time Period--- for the Provider's Entire Legal Practice:

Describe the Provider's *total* size and types of *paid* personnel:

Total Paid Personnel	
All Paid Personnel Employed by or Utilized by the Provider	Number
Paid Attorneys	
Paid Paralegals	
Paid Interns/Fellows	
All Other Paid Staff & Paid Individuals	
Total paid personnel	

6.d. During the Specified Time Period--- for the Provider's Entire Legal Practice:

Specify (or estimate) the proportion of the Provider's *total cases* who were characterized as having limited or no English-speaking proficiency:

%

6.e. During the Specified Time Period--- for the Provider's Entire Legal Practice:

Did you use any of the following as a resource to help you provide legal assistance to your clients. Check (X) all that apply:

	1. National Legal Resource Center (NLRC)
	2. National Consumer Law Center (NCLC)
	3. National Senior Citizens Law Center (NSCLC)
	4. Center for Elder Rights Advocacy (CERA)
	5. American Bar Association Commission on Law & Aging (ABA/Law & Aging)
	The Center for Social Gerontology (TCSG)
	LawHelp
	NY State, regional, or local Bar Association
	Do not know
	Used none of the organizations listed

6.f. If you used any of the resources numbered 1-5 in Question 6.e:

Check (X) which of the following types of assistance or supports did you use from those resources:

	Training (including webinars or materials on pertinent topics)
	Case consultation
	Other assistance **(Describe):**

	Not applicable—did not use any resources numbered 1-5 in Question 6.e.

6.g. If you did NOT use any of the resources numbered 1-5 in Question 6.e:

Explain the reason(s) why those supports were NOT used:

	Not applicable---you explained resources you used in Question 6.f.

6.h. List any other organizations you used as a resource to help you provide legal assistance during the Specified Time Period:

	Not applicable---used no other resources

6.i. A "program" to provide legal services can be funded by one or multiple funding sources.
Question 6.i pertains to "programs" and NOT to the various funding sources supporting those programs.
During the Specified Time Period--- for the Provider's Entire Legal Practice:
How many "programs" serving individuals of any age with social or economic needs did you participate in:

	# of AAA-contracted Legal Assistance Programs
	# of other programs serving individuals of any age with economic or social needs
	Total number of programs serving individuals with economic or social needs you participated in in your Entire Legal Practice

Section 7
Provider's Experience with the AAAs

Reminder: Keep each Contract # consistent with its county name—as you stated them in Question B.

7.a. During the Specified Time Period:
For each of the experiences listed in the chart below:

Rate your experience with each AAA, using the rating scale shown in the chart:

For each contract: your experiences with the AAAs, using the following scale:

1= satisfactory
2= somewhat satisfactory
3= neither satisfactory nor unsatisfactory
4= somewhat unsatisfactory
5= unsatisfactory
6= not applicable

Experience	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5	Contract #6	Contract #7	Contract #8
The contract application procedure/process with the AAA								
Negotiating the amount of funding								
Payment process for services provided								
AAA record-keeping requirements								
AAA reporting requirements								
Client-referral process								
Quality of communication / information-sharing between Provider and AAA								
Quality of interpersonal relations								
Availability of AAA for contact, communication, information-sharing, etc.								
Follow-up with AAA about a client, when necessary or warranted								
Other Experience **(Describe):**								
Other Experience **(Describe):**								
***Overall* working relationship and interactions with AAAs**								

7.b. If you reported in Question 7.a that your *overall* working relationship and interactions with any of the AAAs was "unsatisfactory" or "somewhat unsatisfactory":

List up to three (3) ways in which your experience with those AAAs could be improved:

1.	
2.	
3.	

	Do Not Know
	Not Applicable

7.c. If you reported in Question 7.a that your *overall* relationship and interactions was "satisfactory":
List up to three (3) elements of your relationships with the AAAs that contributed to the experience being satisfactory:

1.	
2.	
3.	

	Do Not Know
	Not Applicable

Section 8
Legal Assistance Program

8.a. What do you think are the greatest strengths of the AAA Legal Assistance Program---list up to three (3):

1.	
2.	
3.	

	Do Not Know

8.b. Do you have any suggestions or recommendations for improving or strengthening the AAA Legal Assistance Program---list up to three (3):

1.	
2.	
3.	

	Do Not Know

8.c. If training were made available to Providers and to any other individuals or entities the Provider might utilize to carry out the tasks & services under the Legal Assistance Program:

List up to four (4) areas of training that you would find most useful:

1.	
2.	
3.	
4.	

	Do Not Know

Optional-- Provide any additional comments you wish to make:

★★★

Thank you for participating in this research project

Please submit your completed Questionnaire **by August 1, 2013**:

by email to: Vera.prosper@ofa.state.ny.us

or by regular mail to:

Vera Prosper, PhD, Director, Legal Services Initiative
New York State Office for the Aging, 2 Empire State Plaza, Albany, NY 12223

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Suggested citation: V. Prosper and L. Beck (2013), "Statewide Survey of Attorneys Practicing in New York State," *Report of Findings: Seven Statewide Surveys, New York State Legal Services Initiative*. Albany, NY: New York State Office for the Aging.

LSI New York State Legal Services Initiative

NY State Office for the Aging

NY State Office of Court Administration

NY State Bar Association

NY State Office for People With Developmental Disabilities

Appendix D

A statewide survey of attorneys practicing in New York State. The survey instrument was created in the Web-based Survey Monkey program, for completion and submission on-line.

Statewide Survey of Attorneys Practicing in New York State

INSTRUCTIONS:

Your answers will apply to a "Specified Time Period" in 2012:

(a) Answer each of the survey's questions for what occurred in your legal practice during the 12-month period: *January 1, 2012, through December 31, 2012.*

This will be referred to in the questionnaire as the *Specified Time Period*.

(b) Or, if you changed your place of employment at some time during 2012, answer the survey's questions for what occurred during 2012 in your *last* place of legal-practice employment.

For you, the time period of your *last place of legal-practice employment in 2012* will be referred to in the questionnaire as the Specified Time Period.

Your answers should apply to you and not to your agency, company, or organization:

If you work in an agency, company, or organization that includes other attorneys or paralegals who also provide legal services, answer the survey questions as they pertain to only your work, services, and activities.

Helpful tips for electronic completion and submission of the questionnaire:

- Were added to the on-line version.

Manual completion of the questionnaire:

If you prefer to complete the questionnaire manually, please contact Vera Prosper at (518) 474-4382 or vera.prosper@ofa.state.ny.us for a paper copy of the survey form.

A. At any time during the period January 1, 2012, through December 31, 2012, were you an attorney practicing in New York State:

____ Yes ____ No

B. If you answered "No":

Do NOT complete the rest of the survey.

Enter your name below (so that we can remove your name from the sample list).

Submit your *uncompleted* survey form; we need your submission for reliable analysis of the survey findings.

Name: _____

If you answered "Yes": Please continue with Section 1 below to complete the survey.

Section 1: General information about your job/position as a practicing attorney

1. As it is defined in the Instructions above, state the "Specified Time Period" for which you are answering the survey questions:

From: [ ] Through: [ ]

Month/Day/2012 Month/Day/2012

2. During the Specified Time Period—
Check (X) if you were:

____ A sole practitioner serving multiple clients
____ A sole practitioner serving one client or one family
____ In a law firm or partnership with more than one attorney
____ In a non-profit Legal Aid organization
____ In another type of non-profit organization established solely for providing legal services
____ In a non-profit organization established for multiple diverse purposes
____ Employed by a federal, state, or local government agency or legislative body
____ Employed by a business, company, corp., organization, group, or trade association
____ Employed by an educational institution
____ Other (Describe): _____

3. During the Specified Time Period—
Check (X) all the counties/areas covered by your legal services:

____ Not Applicable	____ ALL NY counties	____ Other U.S. States	____ International	
____ Albany	____ Allegany	____ Broome	____ Bronx	____ Cattaraugus
____ Cayuga	____ Chautauqua	____ Chemung	____ Chenango	____ Clinton
____ Columbia	____ Cortland	____ Delaware	____ Dutchess	____ Erie
____ Essex	____ Franklin	____ Fulton	____ Genesee	____ Greene
____ Hamilton	____ Herkimer	____ Jefferson	____ Kings (Brooklyn)	____ Lewis
____ Livingston	____ Madison	____ NY (Manhattan)	____ Monroe	____ Montgomery
____ Nassau	____ Niagara	____ Oneida	____ Onondaga	____ Ontario
____ Orange	____ Orleans	____ Oswego	____ Otsego	____ Putnam
____ Queens	____ Rensselaer	____ Richmond (Staten Island)	____ Rockland	____ Saratoga
____ Schenectady	____ Schoharie	____ Schuyler	____ Seneca	____ Seneca Nation
____ St. Lawrence	____ St. Regis-Mohawk	____ Steuben	____ Suffolk	____ Sullivan
____ Tioga	____ Tompkins	____ Ulster	____ Warren	____ Washington
____ Wayne	____ Westchester	____ Wyoming	____ Yates	

4. In what county(s) is your legal practice office(s) physically located:

5. List the legal practice areas or specialties in which you are qualified to provide legal assistance:

6. During the Specified Time Period—

   Including all the tasks, activities, and services associated with your legal practice that **you** performed (do not include tasks and activities performed for you by others, such as paralegals, clerical, secretary, volunteers, etc.):

   What was the average number of hours per week (paid and unpaid) that you worked:

   _____

7. During the Specified Time Period:

   Estimate what proportion of your legal work or services was provided:

   _____ % At your regular billable rate
   _____ % At a discounted rate
   _____ % At a contingency fee
   _____ % At an alternate fee arrangement
   _____ % Pro bono
   _____ % Gratis or bartered (free, as a professional courtesy)
   _____ % Other (Describe): _____

   Your total should add up to 100%

   _____ Check (X) if not applicable (Explain): _____

8. During the Specified Time Period:

   Estimate the proportion of all your *legal-service clients* who had limited or no English-speaking ability:

   ____ %

   ____ Check (X) if Not Applicable—your legal job/position does not involve direct services to clients

9. List the languages you, or another person in your office, are able to speak fluently enough to effectively carry on a productive dialogue with individuals who speak languages other than English:

1.	4.	7.
2.	5.	8.
3.	6.	9.

10. During the Specified Time Period---*where* did you provide legal services to clients:

    Check all of the following locations where you provided legal services **three or more times** during the Specified Time Period**:**

    _____ Your office
    _____ A client's work or project site
    _____ A client's home, residence, or health care facility
    _____ A client's business office, or other meeting place (e.g., restaurant, hotel room, golf course, etc.)
    _____ A public space specifically arranged as a usual meeting space for clients to meet with a legal assistance provider (such as a congregate meal site, public library, church meeting room, community room, etc.)
    _____ Other (Describe): _____
    _____ Not applicable—your job/position does not involve direct services to clients

11. During the Specified Time Period—
What was your total number of cases:

_____ Total number of cases
_____ Not applicable—your job does not involve direct services to clients

12. During the Specified Time Period—
Estimate the proportion of your total client cases (including paid, pro bono, gratis, discounted-fee, bartering, etc.) that was:

_____ % **Individual** clients aged 60 and older . . . or the spouse, caregiver, family, or agent on behalf of a client aged 60 and older.
_____ % **Individual** clients aged 0 – 59 (children, teens, adults up to age 59) . . . or a responsible individual on behalf of such a client.
_____ % Businesses, companies, corporations, organizations, associations, groups, institutions, not-for-profits, or agencies.
_____ % Other (Describe): _____

Your total should add to 100%

_____ Not applicable—your job/position does not involve direct services to clients

13. In Question 12, if you reported having **individual** clients:

Estimate what proportion of these were individual clients with:

_____ % NO disabilities or special needs/circumstances.

_____ % *Physical disabilities* . . . or the spouse, caregiver, family, or agent on behalf of a client with physical disabilities.

_____ % *Mental health disabilities* . . . or the spouse, caregiver, family, or agent on behalf of a client with mental health disabilities.

_____ % *Developmental* or *intellectual disabilities . . .* or the spouse, caregiver, family, or agent on behalf of the client with developmental/intellectual disabilities).

_____ % Other *special needs or circumstances . . .* or the spouse, caregiver, family, or agent on behalf of such a client (List the types of special needs/circumstances):
_____
_____

Your total should add up to 100%.

_____ Not-applicable---you had no *individual* clients.

Section 2: Services to three population groups

***Definitions*— 3 population groups**

1. Elderly individuals— (individuals aged 60 and older):
In this survey, services to elderly individuals is NOT limited to "elder law," but refers to providing legal services to elderly individuals in ALL areas of law.

2. Individuals of any age with physical, mental, intellectual, or developmental disabilities, or with special needs/circumstances:
In this survey, special needs/circumstances refers to individuals who do not necessarily fall into any of the four disability categories listed, but who may require assistance beyond that commonly experienced by the majority of people; for example, orphans, residents with limited English-speaking ability, AIDS patients, prisoners, homeless individuals, those who are geographically isolated, and others. A survey respondent can choose to include answer-information for any clients the respondent considers to have special needs/circumstances.

3. Informal, unpaid caregivers:
Family members or friends who assume long-term responsibility for caring for persons of any age who have chronic frailties, illnesses, disabilities, or special needs/circumstances.

Instructions:

- **Questions 14 - 26** relate to providing legal services to one or more of the 3 population groups during the Specified Time Period:

- **If NONE** of your legal practice involved serving individual clients in one or more of the 3 population groups during the Specified Time Period:
  Skip to Question 27.

- **If ANY** of your legal practice involved serving individual clients in one or more of the 3 population groups during the Specified Time Period:
  Continue with Question 14 below.

14. During the Specified Time Period—
    List up to 5 of the top legal issues presented to you by *individual* **elderly** clients (or the spouse, caregiver, family, or agent on behalf of the elderly client):
    (1)
    (2)
    (3)
    (4)
    (5)
    _____ Not applicable—you had no individual elderly clients

15. During the Specified Time Period—
    List up to 5 of the top legal issues presented to you by *individual* clients of any age with **physical disabilities** (or the spouse, caregiver, family, or agent on behalf of these clients):
    (1)
    (2)
    (3)
    (4)
    (5)
    _____ Not applicable—you had no individual clients with physical disabilities

16. During the Specified Time Period—
    List up to 5 of the top legal issues presented to you by *individual* clients of any age with **mental health disabilities** (or the spouse, caregiver, family, or agent on behalf of these clients):
    (1)
    (2)
    (3)
    (4)
    (5)
    _____ Not applicable—you had no individual clients with mental health disabilities

17. During the Specified Time Period—
    List up to 5 of the top legal issues presented to you by *individual* clients of any age with **developmental or intellectual disabilities** (or the spouse, caregiver, family, or agent on behalf of these clients):
    (1)
    (2)
    (3)
    (4)
    (5)
    _____ Not applicable—you had no individual clients with developmental or intellectual disabilities

18. During the Specified Time Period—
List up to 5 of the top legal issues presented to you by *individual* clients of any age with **special needs/circumstances** (or the spouse, caregiver, family, or agent on behalf of these clients):

(1)
(2)
(3)
(4)
(5)

_____ Not applicable—you had no individual clients with special needs/circumstances

19. During the Specified Time Period—
List up to 5 of the top legal issues presented to you by **informal, unpaid caregivers** of elderly clients or of clients with disabilities or special needs/circumstances:

(1)
(2)
(3)
(4)
(5)

_____ Not applicable—you had no caregiver clients, or were unaware of their status as a caregiver

20. If you reported in Q 12 (in Section 1 above) that a portion of your clients were *organizations, groups, agencies, companies, corporations, businesses, institutions, not-for-profits, associations, etc.:*

List up to two issue areas presented by these types of clients that specifically had to do with each of the following population groups or that were brought on behalf of these population groups:

Population Group	Issue Areas Presented by "non-individual" clients	Not Applicable
Elderly population:	1.	
	2.	
People of any age with physical disabilities:	1.	
	2.	
People of any age with mental health disabilities:	1.	
	2.	
People of any age with developmental or intellectual disabilities:	1.	
	2.	
People of any age with special needs/circumstances:	1.	
	2.	
Informal, unpaid caregivers	1.	
	2.	

21. From your perspective, training, or experiences throughout your legal practice career:

In the chart below, indicate what you think are the **five (5)** greatest factors/barriers inhibiting persons in each of the population groups from successfully accessing legal services or achieving appropriate case outcomes:

_____ Check (X) here if you Do Not Know.

Choose the 5 greatest Factors/Barriers for each population group	Informal, unpaid caregivers	Elderly	People of any age with:			
			Physical disabilities	Mental health disabilities	Developmental or intellectual disabilities	Special needs or circumstances
Client cannot afford the legal services						
Client requires the legal assistance to be provided in his home, residence, or health care facility						
Client has transportation problems						
Education level—client has difficulty understanding legal terms, instructions, court protocols, or requirements						
Cognitive level—client has difficulty understanding legal terms, instructions, court protocols, or requirements						
Client's situation impedes or affects productive interaction and communication between client and attorney (for example, vision or hearing loss, uses technology to speak, can't hear well on the phone, frailty compromises attention span, etc.)						
Client has limited or no English-speaking skills						
Attorney lacks training in how to appropriately interact and communicate with elderly, frail, or disabled individuals						
Client is reluctant to share critical information						
Interference from family members or friends						
Client is afraid of retaliation						
Client is afraid of losing independence						
Client needs an agent, representative, or surrogate to assist him, but has none						
Laws, regulations, or policies inhibit or prohibit the attorney *or* the client from pursuing actions or steps that could resolve an issue						
Insufficient number of attorneys available in client's geographic area						
Legal services or attorneys in client's geographic area do not handle the problem/issue presented by the client						

Question 21 continued:

Client doesn't know who or where to call for legal assistance						
Other (Describe):						
Other (Describe):						
Other (Describe):						

22. During the Specified Time Period—

For just the part of your legal practice associated with serving clients from the 3 population groups:

Estimate the proportion of this time that was devoted to each of the following tasks, activities, and services (do NOT include tasks, activities, and services performed for you by other people such as paralegals, clerical, secretary, volunteers, etc.):

_____ % Represent these clients at court proceedings or administrative hearings;
_____ % Legal research;
_____ % Legal counseling and advice;
_____ % Drafting and/or execution of legal documents;
_____ % Filing legal documents;
_____ % Negotiation and/or mediation activities;
_____ % Making public presentations, media appearances, or conducting training events;
_____ % Lobbying and/or advocacy
_____ % Fulfilling CLE credits;
_____ % Travel associated with providing your legal-related tasks to these clients;
_____ % Support functions performed by you that were associated with serving these clients (e.g., clerical, scheduling appointments, intake, vouchering, etc.);
_____ % Other (Describe): _____
_____ % Other (Describe): _____

Your total should add up to 100% of the *time associated with serving the 3 population groups.*

23. During the Specified Time Period:

Did you *decline* any requests for legal services from persons in any of the three population groups (or the spouse, caregiver, family, or agent on behalf of the person):

____ Yes
____ No

24. If you answered "Yes" to Question 23:
Choose and rank (from 1-4) the top 4 reasons for declining requests for legal assistance (with 1 being the top reason):

Reasons for declining requests for legal assistance	Choose 4 and rank them from 1 - 4
Client's issue did not constitute a legal case	
Client could not pay the legal service charges	
Client could not come to your office and you could not meet with the client elsewhere	
You do not accept cases for individuals in facilities or institutions	
Client's issue was outside your area of legal expertise	
Neither you nor others in your office could speak the client's language	
Your caseload was full and you could not assume more work	
Funding under your contract to provide services for specific types of individuals was exhausted	
You had a conflict of interest regarding the client or the client's issue	
Other (Describe):	
Other (Describe):	

25. If you answered "Yes" to Question 23:

What action did you take when a request for legal services was declined (check (X) all that apply):

____ Took no additional action

____ Placed the caller on a waiting list

____ Referred the caller to the NY State Bar Association or local/regional Bar Association

____ Referred the caller to another attorney

____ Referred the caller to a legal assistance program that might be able to help him

____ Other (Describe): _____

____ Other (Describe): _____

____ Other (Describe): _____

26. During ALL the years you have practiced law (your entire legal career):

When serving clients in the following population groups, Check (X) the extent to which you have consulted with individuals or agencies whose expertise or service provision is focused on the relevant population group:

Population Group	No times	A few times	Very often	Not applicable—had no clients in the population group
Elderly persons				
Elderly persons with dementia or Alzheimer's Disease				
People of any age with physical disabilities				
People of any age with mental health disabilities				
People of any age with developmental or intellectual disabilities				
People of any age with special needs/circumstances				
Informal, unpaid caregivers				

27. **In law school**, Check (X) if you received any training or experiences (classroom, clinic, internship, field placement, research project, etc.) regarding the traits, characteristics, preferences, needs, and distinguishing attributes of the following population groups or conditions:

Population Group	Number of trainings or experiences		
	None	1 – 4	5 or more
Elderly persons or the "aging process"			
Dementia or Alzheimer's Disease			
People of any age with physical disabilities			
People of any age with mental health disabilities			
People of any age with developmental or intellectual disabilities			
People of any age with special needs/circumstances			
Informal, unpaid caregivers			

28. During ALL the years you have practiced law (your entire legal career):

Check (X) if you have attended any conferences, workshops, or classes; read professional articles or books; done research; or experienced other training or education regarding the traits, characteristics, preferences, needs, and distinguishing attributes of the following population groups or conditions :

Population Group	Number of training/educational experiences			
	None	1 – 4	5 - 10	More than 10
Elderly persons or the "aging process"				
Dementia or Alzheimer's Disease				
People of any age with physical disabilities				
People of any age with mental health disabilities				
People of any age with developmental or intellectual disabilities				
People of any age with diverse special needs/circumstances				
Informal, unpaid caregivers or the caregiving process or experience				

Section 3: Demographic information

29. What is your gender:
    ____ Male
    ____ Female
    ____ Other

30. What is the year of your birth: _____

31. Total number of years as a practicing attorney: _____

32. Check (X) your race/ethnicity:

☐	White Non-Hispanic	☐	Native American
☐	Black Non-Hispanic	☐	Mixed race
☐	Hispanic (Specify): _____	☐	Other (Specify): _____
☐	Asian (Specify): _____	☐	Do not know

33. Check (X) if you have, or are perceived by others to have, any disabilities (check as many as apply):
    ____ You have no disabilities.
    ____ You have a disability, but it does NOT limit your ability to work or do daily tasks by yourself.
    ____ You have a mobility problem that limits your ability to walk without the help of another person, special technology, or special devices.
    ____ You are home-bound.
    ____ You have a condition that limits your ability to do one or more daily tasks and activities without the help of another person, special technology, or special devices . . . such as help with bathing, dressing, getting in and out of bed, grooming, housecleaning, shopping, cooking, getting to work or appointments, taking medications, reaching for items, reading, driving, etc.
    ____ Other (Describe): _____
    _____

34. Are <u>you</u> a caregiver: Within the past five years, have you *regularly* (at least once a week for six months or more) provided caregiving help for a spouse, family member, or friend who had a chronic frailty, illness, disability, or special need/circumstance that required assistance beyond what is typically provided among family members:

    _____ Yes
    _____ No

35. Your law office(s) is located in a predominately:

    ____ Rural area
    ____ Suburban area
    ____ Urban area

36. *Optional*: Please add any information or comments you wish to make related to this survey, the legal profession, or to the intent of the *Legal Services Initiative:*

Thank you very much for your help in
furthering the goals of the Legal Services Initiative

Statewide Survey of Judges and Justices in the New York State Unified Court System
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LSI New York State Legal Services Initiative

NY State Office of Court Administration
NY State Office for the Aging
NY State Bar Association
NY State Office for People With Developmental Disabilities

Appendix E

A survey of the judges and justices in the New York State Judiciary. The survey instrument was created in the Web-based Survey Monkey program, for completion and submission on-line.

Statewide Survey of Members of New York State's Judiciary

Instructions:

I. *Time Period for your answers:*

- If you were in your current position throughout the year 2013, answer the survey questions for what occurred during the Time Period January 1, 2013, through December 31, 2013. In the survey, this will be referred to as the "Time Period."
- If you were in your current position for fewer than 12 months during January 1 through December 31, 2013, answer the questions for what occurred during the months in 2013 you spent in your current position. For your answers, these months will constitute "Time Period."
- If you were NOT in your current position at any time in 2013, do not complete this survey.

Your answers should apply to you:

- Answer the survey questions as they pertain to only **your** Judiciary work and case proceedings . . . not as they pertain to other personnel or professional staff who have been involved with, assisted with, or handled your work or case proceedings.

Type of cases:

- Unless specified otherwise, questions in this survey pertain only to **civil** case proceedings that came before you.

Completing/submitting your survey:

- This electronic survey is divided into five Sections. Click "Next" at the end of each Section to move onto the next one; clicking "Next" will also SAVE the answers you have entered up to that point.
- Click "Prev" at the end of a Section to go back to a previous Section to make changes to your answers.
- If you wish to complete the survey in more than one session: before exiting the survey, click "Next" at the end of your last completed Section in order to SAVE what you have entered up to that point. Exit the survey by clicking the X in the top right hand corner of your computer screen.
- To return to your survey: enter the survey's link (on your cover letter from the Office of Court Administration) into your Web browser to return to where you left off and to continue completing the survey.
- Click "Done" at the end of the survey to SUBMIT your survey anonymously.
- Once you click "Done," you cannot re-enter the survey to make changes.

II. *Definitions:*

- *"Cases" or "Proceedings":* In the survey, the terms "case" and "proceeding" are used interchangeably; both refer to an individual event or activity involving a litigant(s) coming before the court or administrative hearing.
- *"Came before you":* In this survey, this refers to cases that were presided over *directly* by you. It does not include cases assigned to you, but which were handled/decided by non-Judicial attorneys.

- *Elderly*: Adults aged 60 and older, both *with* and *without* Alzheimer's or other dementia.
- *Persons with Disabilities*: Non-elderly individuals (aged 0 – 59) with physical, mental, intellectual, or developmental disabilities or impairments.
- *Caregivers*: Spouses, children, other family members, or friends who provide unpaid on-going assistance with activities of daily living for an individual (elderly or non-elderly) who has difficulty performing these activities by him/herself because of chronic frailty, illness, disability, impairment, incapacitation, or old age.

Section 1
General Information

1. What is your current position in the New York State court system:
_____ Supreme Court Judge
_____ Administrative Judge
_____ Supervising Judge
_____ Court Clerk
_____ Judge of the Surrogate Court
_____ Judge of Family Court
_____ Judge of the Court of Claims
_____ Judicial Hearing Officer
_____ Court-appointed attorney referee
_____ Court magistrate
_____ Other (specify): _____

2. During the "Time Period" (January 1 through December 31, 2013), how many months were you employed in your current position:
_____ # of months

3. During the Time Period, in which county/counties were you working in or assigned to:

☐	ALL NY counties	☐	Dutchess	☐	Nassau	☐	Schuyler
☐	Albany	☐	Erie	☐	Niagara	☐	Seneca
☐	Allegany	☐	Essex	☐	Oneida	☐	St. Lawrence
☐	Broome	☐	Franklin	☐	Onondaga	☐	Steuben
☐	Bronx	☐	Fulton	☐	Ontario	☐	Suffolk
☐	Cattaraugus	☐	Genesee	☐	Orange	☐	Sullivan
☐	Cayuga	☐	Greene	☐	Orleans	☐	Tioga
☐	Chautauqua	☐	Hamilton	☐	Oswego	☐	Tompkins
☐	Chemung	☐	Herkimer	☐	Otsego	☐	Ulster
☐	Chenango	☐	Jefferson	☐	Putnam	☐	Warren
☐	Clinton	☐	Kings (Brooklyn)	☐	Queens	☐	Washington
☐	Columbia	☐	Lewis	☐	Rensselaer	☐	Wayne
☐	Cortland	☐	Livingston	☐	Richmond (Staten Island)	☐	Westchester
☐	Delaware	☐	Madison	☐	Rockland	☐	Wyoming
		☐	NY (Manhattan)	☐	Saratoga	☐	Yates
		☐	Monroe	☐	Schenectady		
		☐	Montgomery	☐	Schoharie		

Section 2
Case Proceedings

4. During the Time Period— how many total civil case proceedings came before you (were directly presided over by you):
   _____ #

5. During the Time Period— of the *total* civil proceedings assigned to you, estimate the proportion that:
   ____ % Came before you (presided over *directly* by you)
   ____ % Were handled/decided by non-Judicial members who were NOT judges.

6. During the Time Period— for the civil case proceedings that came before you, estimate the proportion of those cases in which one or more of the litigants:

Had limited or no English-speaking ability (all ages):
_____ %

Was aged 60 or older:
_____ %

Was a non-elderly individual with a disability (physical, mental, developmental, or intellectual):
_____ %

Was the informal unpaid caregiver of a person who was frail, disabled, chronically ill, incapacitated, or elderly:
_____ %

7. During the Time Period— for the civil case proceedings that came before you, estimate the proportion in which one or more of the litigants was:
   _____ % White non-Hispanic
   _____ % Black non-Hispanic
   _____ % Hispanic
   _____ % Other race/ethnicity
   _____ % Do not know

8. During the Time Period—for the civil cases that came before you, estimate the proportion of each group's cases where you formally or informally ordered an evaluation, or had to make a determination, of a litigant's ability to comprehend protocols or decisions or their ability to participate in the proceedings in a meaningful way:
   _____ % Elderly litigants *with* Alzheimer's or other dementia or cognitive limitations
   _____ % Elderly litigants *without* any type of dementia or cognitive limitations
   _____ % Non-elderly litigants with physical disabilities
   _____ % Non-elderly litigants with mental health disabilities
   _____ % Non-elderly litigants with developmental or intellectual disabilities
   _____ % Caregiver litigants
   _____ Not applicable
   _____ Do not know

9. Do you find it difficult to adequately assess a litigant's (or his representative's) ability to understand and participate in a meaningful way in court proceedings:
   ___ Very Difficult ___ Difficult ___ Somewhat Difficult ___ Not Difficult At All

10. If you find it Somewhat Difficult, Difficult, or Very Difficult to assess a litigant's ability to adequately participate— what steps do you take:
   _____
   _____
   _____
   _____

11 During your entire time (all positions) in the New York State Judiciary, what is your impression of the increase or decrease in the type of civil litigants entering the New York State court system:

Civil Litigants	Number has decreased	Number has stayed about the same	Number has increased somewhat	Number has increased significantly	Do Not Know
Litigants aged 60 & over					
Litigants with Alzheimer's or other dementia					
Non-elderly litigants with physical disabilities					
Non-elderly litigants with mental health disabilities					
Non-elderly litigants with developmental or intellectual disabilities					
Caregiver litigants					

Section 3
Accessibility:

12. *Language access:* In the location(s) where proceedings come before you:

Resources to accommodate all litigants (or litigants' representatives) who have limited proficiency with the English language are:

___ Available for all languages spoken in the area(s) under your jurisdiction
___ Available for a limited number of languages
___ Unavailable

12a. Available resources are:
___ Sufficient ___ Not sufficient ___ Do not know ___ Not applicable

12b. Available resources are:
__ User-friendly __ Somewhat user-friendly __ Not user-friendly __ Not applicable

12c. From your experience— when available resources *are* used, what is the impact related to "access to equal justice":
___ Little or no impact
___ Some positive impact
___ A significant positive impact
___ A negative impact
___ Do not know
___ Not applicable

13. *Physical accessibility:* In the location(s) where proceedings come before you, how easy do you think it is for all elderly or disabled litigants to navigate/negotiate the court's grounds and building and to find their way to needed amenities and to where their cases are being heard:

13a. Exterior grounds (such as sidewalks/walkways, parking, ground slopes, stairs, lighting, signage, snow & debris, pavement, curb cuts, etc.):
___ Very easy
___ Somewhat easy
___ Not very easy
___ Not easy at all
___ Do not know

13b. Building's access entrance (stairs, ramp, covered entrance, door weight, door handle, etc.):
___ Very easy
___ Somewhat easy
___ Not very easy
___ Not easy at all
___ Do not know

13c. Building's interior (pathways /hallways, signage, way markers, lighting/glare, acoustics, assistive hearing devices, stairways, bathrooms, elevator, hand rails, seating, water fountains, doorway width, thresholds, carpeting, reception area, non-slip floors, contrasting colors, etc.):
___ Very easy
___ Somewhat easy
___ Not very easy
___ Not easy at all
___ Do not know

14. What is the impact of the premises' overall level of accessibility on court proceedings:
___ Little or no impact
___ Litigants complain
___ Litigants often require specialized physical assistance
___ Litigants are often late
___ Cases are sometimes delayed
___ Cases are often delayed
___ Cases are sometimes postponed
___ Cases are sometimes cancelled
___ Case outcome is sometimes negative
___ Case outcome is often negative
___ Other (specify): _____
___ Do not know

15. For litigants with *Physical limitations* (such as vision & hearing impairment, mobility impairment, limited strength or stamina, cane/walker/wheelchair users, communication impairments, lack of muscle control, etc.)—
Accommodations and resources to assist individuals with physical limitations are:
____ Available, readily accessible, and sufficient
____ Available, but not sufficient
____ Available, but not readily accessible
____ Unavailable
____ Do not know

16. For litigants with *Mental or cognitive limitations* (such as Alzheimer's disease, other dementia conditions, developmental disabilities, intellectual disabilities, mental health issues, etc.)—
Accommodations and resources to assist individuals with mental health issues or cognitive limitations are:
____ Available, readily accessible, and sufficient
____ Available, but not sufficient
____ Available, but not readily accessible
____ Unavailable
____ Do not know

17. How easy-to-use do all types of litigants find technology forms and resources such as "do-it-yourself" forms, Web-based informational resources, interactive Web-based documents, Web-based language translation, real-time translation, on-line communication, self-help centers, assistive listening devices, etc.:

17a. *Elderly* litigants:
___ Very easy ___ Easy ___ Somewhat easy ___ Somewhat difficult
___ Very difficult ___ Do not know

17b. Litigants with *physical disabilities:*
___ Very easy ___ Easy ___ Somewhat easy ___ Somewhat difficult
___ Very difficult ___ Do not know

17c. Litigants with *mental health* issues or disabilities:
___ Very easy ___ Easy ___ Somewhat easy ___ Somewhat difficult
___ Very difficult ___ Do not know

18. In general, how well do civil litigants understand courtroom procedures, protocols, terminology, what is expected of them when appearing in court, or court decisions:

Civil Litigants	Very well	Well	NOT very well	Not well at all	Do not know
Litigants aged 60 and over					
Litigants with Alzheimer's or other dementia					
Non-elderly litigants with *physical* disabilities					
Non-elderly litigants with mental health disabilities					
Non-elderly litigants with developmental or intellectual disabilities					
Caregiver litigants					

Section 4
Unrepresented litigants (appearing without benefit of legal counsel):

19. During the Time Period, for the civil proceedings that came before you— how often did those cases involve a litigant who appeared ***without*** the benefit of legal counsel:
    ___ Never or very seldom (0-9% of the time)
    ___ Sometimes (10-19% of the time)
    ___ Often (20-49% of the time)
    ___ Very Often (50-79% of the time)
    ___ Almost always (80-99% of the time)
    ___ Always
    ___ Do not know

20. During the Time Period—for the civil cases that came before you, how often did the following litigants in appear without legal representation:

Civil Litigants	Never or very seldom (0-9% of the time)	Sometimes (10-19% of the time)	Often (20-49% of the time)	Very often (50-79% of the time)	Almost always (80-99% of the time)	Always	Do not know
Litigants aged 60 and over							
Litigants with Alzheimer's or other dementia							
Non-elderly litigants with *physical* disabilities							
Non-elderly litigants with mental health disabilities							
Non-elderly litigants with developmental or intellectual disabilities							
Caregiver litigants							

21. What are the three main *types of civil proceedings* in which *unrepresented* litigants appear before you:

    21a. Litigants aged 60 or older:
    _____
    _____
    _____

21b. Non-elderly litigants with physical disabilities:

_____
_____
_____

21c. Non-elderly litigants with mental health issues or disabilities:

_____
_____
_____

21d. Non-elderly litigants with developmental or intellectual disabilities:

_____
_____
_____

21e. Caregiver litigants:

_____
_____
_____

22. What are the five main *reasons* civil litigants appear *without* legal representation:

_____
_____
_____
_____
_____

23. *Pro se:* What types of civil proceedings present the most challenges when one or both of the litigants are pro se:

Litigants aged 60 and over	
Litigants with Alzheimer's or other dementia	
Non-elderly litigants with *physical* disabilities	
Non-elderly litigants with *mental health* disabilities	
Non-elderly litigants with *developmental or intellectua*l disabilities	
Caregiver litigants	

24. Represented vs. unrepresented by legal counsel—

In general, how would you describe the *impact* when civil litigants appear *unrepresented*, compared to when they *are* represented by legal counsel:

_____
_____
_____

25. During the Time Period, for civil cases that came before you—
When litigants were *unrepresented,* how often did you **appoint an attorney** to represent the following litigants:

Civil Litigants	Appointed An Attorney:						
	Never or very seldom (0-9% of the time)	Sometimes (10-19% of the time)	Often (20-49% of the time)	Very often (50-79% of the time)	Almost always (80-99% of the time)	Always	Do not know
Litigants aged 60 and over							
Litigants with Alzheimer's or other dementia							
Non-elderly litigants with *physical* disabilities							
Non-elderly litigants with *mental health* disabilities							
Non-elderly litigants with *developmental or intellectual* disabilities							
Caregiver litigants							

26. During the Time Period, for the civil proceedings that came before you— if you appointed attorneys for unrepresented litigants:

____ Not applicable

26a. What were the three main *types of proceedings* for which an attorney was appointed:

_____
_____
_____

26b. Were the attorneys compensated for the representation:
_____ Yes _____ No _____ Do not know

26c. If the attorneys were compensated—what was the source of funds:
_____ Public funds _____ Private funds _____ Do not know

27. During the Time Period, for civil cases that came before you— when litigants were *unrepresented,* how often did you **appoint a guardian ad litem** to represent the following litigants:

Civil Litigants	Appointed a Guardian Ad Litem:						
	Never or very seldom (0-9% of the time)	Sometimes (10-19% of the time)	Often (20-49% of the time)	Very often (50-79% of the time)	Almost always (80-99% of the time)	Always	Do not know
Litigants aged 60 and over							
Litigants with Alzheimer's or other dementia							
Non-elderly litigants with *physical* disabilities							
Non-elderly litigants with mental health disabilities							
Non-elderly litigants with developmental or intellectual disabilities							
Caregiver litigants							

28. During the Time Period, for the civil proceedings that came before you— if you appointed guardians ad litem for unrepresented litigants:

____ Not applicable

28a. What were the three main *types of proceedings* for which a guardian ad litem was appointed:

_____
_____
_____

28b. Were the guardians ad litem compensated for the representation:
_____ Yes _____ No _____ Do not know

28c. If the guardians at litem were compensated—what was the source of funds:
_____ Public funds _____ Private funds _____ Do not know

29. List the types of court resources *you know of* that are available to help people who appear in court *unrepresented* . . . and how often are they used by litigants:

Available Court Resources You Know Of	How Often Used by *Unrepresented* Litigants			
	Very Often	Sometimes	Not Often or Not At All	Do Not Know

30. List the types of community resources *you know of* that are available to help people who appear in court *unrepresented* . . . and how often are they used by litigants:

Available Community Resources You Know Of	How Often Used by *Unrepresented* Litigants			
	Very Often	Sometimes	Not Often or Not At All	Do Not Know

Section 5
Training for Members of the Judiciary:

31. In your estimation—
How knowledgeable are members of the Judiciary about the elderly population, non-elderly people with disabilities, and caregivers (for example, their characteristics, traits, needs, preferences, attitudes, abilities, the aging process, caregiver tasks and responsibilities, elements of living with a disability, etc.):

31a. How Knowledgeable About People Aged 60 and Older					
Judiciary Members	Very knowledgeable	Fairly knowledgeable	Slightly knowledgeable	Not knowledgeable	Do Not Know
Judges					
Non-Judicial Staff Who are Attorneys					
Non-judicial staff Who are NOT Attorneys					

31b. How Knowledgeable About People with Physical Disabilities					
Judiciary Members	Very knowledgeable	Fairly knowledgeable	Slightly knowledgeable	Not knowledgeable	Do Not Know
Judges					
Non-Judicial Staff Who are Attorneys					
Non-judicial staff Who are NOT Attorneys					

31c. How Knowledgeable About People with Mental Health Issues or Disabilities					
Judiciary Members	Very knowledgeable	Fairly knowledgeable	Slightly knowledgeable	Not knowledgeable	Do Not Know
Judges					
Non-Judicial Staff Who are Attorneys					
Non-judicial staff Who are NOT Attorneys					

31d. How Knowledgeable About People with Developmental or Intellectual Disabilities					
Judiciary Members	Very knowledgeable	Fairly knowledgeable	Slightly knowledgeable	Not knowledgeable	Do Not Know
Judges					
Non-Judicial Staff Who are Attorneys					
Non-judicial staff Who are NOT Attorneys					

31e. How Knowledgeable About the Informal, Unpaid Caregivers of Elderly or Disabled Individuals					
Judiciary Members	Very knowledgeable	Fairly knowledgeable	Slightly knowledgeable	Not knowledgeable	Do Not Know
Judges					
Non-Judicial Staff Who are Attorneys					
Non-judicial staff Who are NOT Attorneys					

32. If training were made available for members of the Judiciary—
For each of the following, list up to three areas of training you think would be most useful for advancing the goal of ensuring "equal access to justice":

32a. Training for yourself:

_____
_____
_____

32b. Training for Judges other than yourself:

_____
_____
_____

32c. Training for non-Judicial staff who are *attorneys*:

_____
_____
_____

32d. Training for non-Judicial staff who are NOT attorneys:

_____
_____
_____

33. If you could change anything about the NY State's Unified Court System to better ensure that cases would achieve a just outcome, what would those changes be:

_____
_____
_____
_____
_____

Section 6
Demographic Information:

34. Your race/ethnicity:
____ White non-Hispanic
____ Black non-Hispanic
____ Hispanic
____ Asian
____ Native American
____ Mixed race
____ Other
____ Do not know

35. What year were you born:
_____

36. Your gender:
_____ Male
_____ Female

37. In total, for all positions, how long have you worked in the New York State Judiciary:
____ Years
____ If less than one year, # of months

Thank you for yo**ur assistance with this initiative**

Statewide Survey of Attorneys Staffing the New York State Mental Hygiene Legal Service Program
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LSI New York State Legal Services Initiative

NY State Office for the Aging
NY State Office of Court Administration
NY State Bar Association
NY State Office for People With Developmental Disabilities

Appendix F

A survey of attorneys staffing the statewide Mental Hygiene Legal Service Program, which is administered by the Directors of the New York State Unified Court System's four Departments. The survey instrument was created in the Web-based Survey Monkey program, for completion and submission on-line.

Survey of Attorneys Staffing the New York State Mental Hygiene Legal Service Program

This questionnaire is one of seven surveys conducted by the New York State *Legal Services Initiative's* Partnership as a means of gathering unbiased data regarding the availability, affordability, and accessibility of legal assistance for New York's older adults (aged 60 and over), residents of all ages with all types of disabilities, and the informal, unpaid caregivers of these two population groups.

This questionnaire is to be completed by attorneys employed by the Mental Hygiene Legal Service (MHLS) program in the four Judicial Departments in New York State.

Attached for your information are: (1) Governor Cuomo's press release announcing the *Legal Services Initiative*, (2) a summary description of the *Initiative*, and (3) a Statement of Assurances for attorneys responding to this questionnaire.

Completing/submitting your survey:

- This electronic survey is divided into five Sections. Click "Next" at the end of each Section to move onto the next one; clicking "Next" will also **SAVE** the answers you have entered up to that point.
- Click "Prev" at the end of a Section to go back to a previous Section to make changes to your answers.
- If you wish to complete the survey in more than one session: before exiting the survey, click "Next" at the end of your last completed Section in order to SAVE what you have entered up to that point. Exit the survey by clicking the X in the top right hand corner of your computer screen.
- To return to your survey: enter the survey's link (on your cover letter from the Director of your Judicial Department) into your Web browser to return to where you left off and to continue completing the survey.
- Click "Done" at the end of the survey to SUBMIT your survey anonymously.
- Once you click "Done," you cannot re-enter the survey to make changes.

Questions:

- If you have technical issues when completing the survey form: contact Vera Prosper at 518-474-4382 or vera.prosper@aging.ny.gov.
- For questions about the survey form's content or about the *Legal Services Initiative*, contact:
  - The Director of your Judicial Department, or
  - Vera Prosper at 518-474-4382 or vera.prosper@ofa.state.ny.us.

Definitions:

- **Elderly persons**: New Yorkers aged 60 and older.
- **People with disabilities**: New York residents of all ages who have one or more physical, mental, intellectual, cognitive, developmental, or emotional disability or impairment.
- **Caregiver**: An individual who provides, on an unpaid on-going basis, assistance with daily living tasks and activities for a family member, other relative, or friend who is frail, impaired, disabled, ill, incapacitated, or elderly and who has difficulty carrying out these activities for him/herself because of these conditions.
- **Individual with criminal justice involvement:** An individual who is, or was, involved with the criminal justice system and whose need for assistance falls under the services mandated to be provided by the Mental Hygiene Legal Service program.
- **Cases:** A "case" refers to any person/family/representative/guardian who calls MHLS or is referred to MHLS for assistance and is then provided with any of the following assistance: legal information, advice, or counseling; referral to another resource for legal help; direct legal services; or representation in court or a hearing.

Questionnaire

Instruction:

- **Time Period:** Where specified, answer Questions for what occurred during the 12-month period of January 1, 2013, through December 31, 2013. Or, if you were in your current position for less than that 12-month period, answer Questions for the number of months you were in your current position during January 1, 2013, through December 31, 2013.

  In the Questionnaire, this will be referred to as "the Time Period."
- Answer all questions as they pertain to **<u>you</u>** and **<u>your</u> work** in the MHLS program (NOT pertaining to your whole Department and NOT pertaining to the statewide MHLS program).

Section 1
General Information:

1. **Current position:** Check if you were in your *current position* during "the Time Period" (as defined above):

	You were in your current position throughout "the time period" January 1, 2013, through December 31, 2013
	If less than 12 months, specify the # of months during "the Time Period" you were in your current position
	Check (X) if you were NOT in your current position at all during "the time period" . . . then, go to the end of the survey and click "DONE"

2. **Tenure:** How long have you worked (all positions) in the Mental Hygiene Legal Service (MHLS) Program:
   _____ # of years, or
   _____ # of months

3. **Work time:** During "the Time Period," check whether your regular paid work schedule was considered:

	Full time
	Half time
	Less than half time
	Other (specify):

4. **Average hours worked:** During a two-week pay period—on average, how many <u>actual</u> hours did you work (include any additional hours beyond your regular paid work schedule):

5. **Work location**: During "the Time Period," in which counties did you provide MHLS services and assistance:

	ALL NY counties		Essex		Niagara		Schuyler
	Albany		Franklin		Oneida		Seneca
	Allegany		Fulton		Onondaga		St. Lawrence
	Broome		Genesee		Ontario		Steuben
	Bronx		Greene		Orange		Suffolk
	Cattaraugus		Hamilton		Orleans		Sullivan
	Cayuga		Herkimer		Oswego		Tioga
	Chautauqua		Jefferson		Otsego		Tompkins
	Chemung		Kings (Brooklyn)		Putnam		Ulster
	Chenango		Lewis		Queens		Warren
	Clinton		Livingston		Rensselaer		Washington
	Columbia		Madison		Richmond (Staten Island)		Wayne
	Cortland		NY (Manhattan)		Rockland		Westchester
	Delaware		Monroe		Saratoga		Wyoming
	Dutchess		Montgomery		Schenectady		Yates
	Erie		Nassau		Schoharie		

6. **Trend:** Over your total tenure with the MHLS Program, do you think the number of individuals requesting assistance from your Department has increased or decreased:

	Number has decreased	Number has stayed about the same	Number has increased somewhat	Number has increased significantly	Do Not Know
Individuals aged 60 & older without Alzheimer's or other dementia					
Individuals with Alzheimer's or other dementia					
Non-elderly individuals with mental health disabilities, but NOT developmental or intellectual disability					
Non-elderly individuals with developmental or intellectual disabilities					
Non-elderly individuals who are caregivers for frail, disabled, elderly, chronically ill, or incapacitated persons					
Persons who have or had criminal justice involvement					
Other (specify):					

7. **Topic areas:** During "the Time Period," what were the top 5 topics of your cases/requests for assistance:

8. **Type of cases/requests:** During "the Time Period," *estimate* what proportion of your total cases/requests for assistance involved:

_____ Only information
_____ Referral to resources outside of MHLS (attorneys, organizations, etc.)
_____ Direct legal services by you
_____ Other (specify): _____

9. **Referral resources:** When you made referrals to resources outside of MHLS, what were the top referral resources you used:

10. **Declined requests:** During "the Time Period"—on average, per month . . . how many cases arose in which you were unable to provide *direct legal services* because the client or the topic area was outside your Department's mandate:

Section 2
Client Characteristics

11. During "the Time Period," **estimate** what proportion of your total cases or requests for assistance involved clients who were:

% In a NYS Department of Health licensed health facility, long-term care facility, or general hospital	
% In a NYS Office of Mental Health certified or licensed residential facility	
% In a NYS Office for People with Developmental Disabilities certified or licensed residential facility	
% In the community with parents or other family members	
% Independently in the community with other non-relatives	
% Alone in the community—own home or apartment	
% In temporary shelters, in their cars, on the streets, other non-permanent settings or non-housing	
% In correctional facilities	
% In a psychiatric hospital	
% Other (specify):	
% Other (specify):	

12. **Clients' age**: During "the Time Period," **estimate** what proportion of your total clients were:

% Individuals aged 60 and older	
% Individuals aged 18 – 59	
% Individuals aged 0 – 17	
% Do not know	

13. **Caregivers, guardians, & representatives:** During "the Time Period," **estimate** what proportion of your total cases:

% Involved a client who had a caregiver (family member or friend), or a legally appointed guardian, or a legal representative	
% Involved a client who did NOT have a caregiver, guardian, or legal representative	
Do not know	

14. **Limited communication skills/abilities:** For "the Time Period," how many of your total cases involved the following individuals:

Cases	None	A Few (1 – 10%)	Many (11 – 50%)	A majority (51 – 85%)	All or Almost All (86 – 100%)	Do not know
Individuals who would normally communicate in English, but had communication limitations because of physical, developmental, intellectual, cognitive, or educational disabilities.						
Individuals who had communication limitations because of physical, developmental, intellectual, cognitive, or educational disabilities **and** had limited English-language proficiency because they were members of non-English-speaking cultures.						
Individuals who had NO physical, developmental, intellectual, cognitive, or educational disabilities **but** had limited English-language proficiency because they were members of non-English-speaking cultures						

15. **Communication resources (Questions 16 – 25):** For individuals who have communication limitations, list up to 5 resources you are aware that can help enable you to communicate effectively with those individuals in your office, court, clients' residences/facilities, or clients' homes.

16. Resource #1:

17. How available is Resource #1:
    ___ Available, accessible, and sufficient
    ___ Available, but not accessible
    ___ Available, but not sufficient
    ___ Not available

18. Resource #2:

19. How available is Resource #2:
    ___ Available, accessible, and sufficient
    ___ Available, but not accessible
    ___ Available, but not sufficient
    ___ Not available

20. Resource #3:

21. How available is Resource #3:
___ Available, accessible, and sufficient
___ Available, but not accessible
___ Available, but not sufficient
___ Not available

22. Resource #4:

23. How available is Resource #4:
___ Available, accessible, and sufficient
___ Available, but not accessible
___ Available, but not sufficient
___ Not available

24. Resource #5:

25. How available is Resource #5:
___ Available, accessible, and sufficient
___ Available, but not accessible
___ Available, but not sufficient
___ Not available

26. Add any additional comments you wish to make regarding individuals with communication limitations:

16. **Types of clients**: During "the Time Period," estimate the proportion of your total cases that describe the different types of clients you serve (for each proportion, place an X in all the boxes that describe that client type):

% of all your cases	Physical disabilities	Mental health issues	Develop-mental disabilities	Intellectual disabilities; cognitive impairments	Alzheimer's disease or other dementia	End of Life Issues	Issues related to criminal justice involvement
%							
%							
%							
%							
%							
%							
%							
%							
%							
%							
%							
%							
%							
100%							

Section 3
Service Delivery

17. **Location of service delivery**: During "the Time Period," what proportion of your total *direct legal* services to clients was provided in the following locations:

% Client's home (including family member's home or private home shared with non-relatives)	
% Client's licensed residence or facility	
% General hospital	
% Psychiatric hospital	
% Your Department's central MHLS office	
% Your Department's MHLS field office(s)	
% Temporary shelters, on the streets, or other non-permanent setting or non-housing	
% Correctional facility	
% Court room or hearing room	
% Other (specify):	
% Other (specify):	

18. **Use of your time**: For "the Time Period," what proportion of your total time was expended on:

% Providing direct legal services to clients	
% Representation of clients in court or hearing—non-appellate proceeding	
% Representation of clients in court or hearing—appellate proceeding	
% Information & advice	
% Referral to other resources	
% Administrative tasks	
% Intake tasks	
% Advocacy	
% Research	
% Travel associated with providing legal services to clients	
% Fulfilling CLE credits	
% Community education and information events; conference presentations; CLE faculty, etc.	
% Other (specify):	
% Other (specify):	

19. **Brought to court or hearing:** During "the Time Period," what proportion of your *direct service* cases required going to court or to an administrative hearing:

%

20. **Issues presented** (Questions 21 – 24)**:** For your cases during "the Time Period," what were the top 5 legal issues presented for your mandated activities:

21. For elderly clients (aged 60 & older):

22. For clients aged 18-59:

23. For clients aged 0-17:

24. For clients involved with the criminal justice system:

26. **Record-keeping** (Questions 27 and 28)**:** Does your Department collect and maintain records of the *topic* or *issue area* that people call about or are referred for assistance:

27. From callers/referrals who become MHLS case clients:

	Yes—always / routinely.
	Sometimes—in some circumstances, but not routinely.
	No--my Department does keep information about people who DO become MHLS clients.
	Do not know

28. From callers/referrals who do NOT become MHLS case clients, but are referred by you to other community attorney/organization resources:

	Yes—always / routinely.
	Sometimes—in some circumstances, but not routinely.
	No--my Department does *not* keep information about people who do NOT become MHLS clients.
	Do not know

29. **Underserved populations**—MHLS: List the top reasons individuals and families entitled to MHLS assistance do NOT access legal services from the Program:

30. **Underserved populations**—alternative resources: List the top reasons individuals and families entitled to MHLS assistance do NOT access legal services from attorneys and other legal assistance providers in the community:

Section 4
NY State's MHLS—Training & Program Feedback

31. Training (Questions 32 – 36):
    If training were made available for the State's MHLS program:
    List areas of training you think would be most useful for advancing the mission and goals of the MHLS program:

    32. Training for yourself:

    33. Training for other MHLS attorneys:

    34. Training for information officers:

    35. Training for MHLS support and administrative staff:

    36. Training for MHLS Department Directors:

37. **Consumer feedback about MHLS** (Questions 38 – 40)**:**

38. **Program strengths:** What are the three top aspects of the MHLS program that consumers say they particularly like:

39. **Changes wanted:** What are the three top aspects of the MHLS program that consumers express dissatisfaction with or say they would like to see changed:

40. What are the changes you would suggest for the MHLS program:

41. *Optional:*
Please add any other comments you wish to share regarding any aspects of the MHLS program:

Section 5
Demographics

42. Your race/ethnicity:
    - ____ White non-Hispanic
    - ____ Black non-Hispanic
    - ____ Hispanic
    - ____ Asian
    - ____ Native American
    - ____ Mixed race
    - ____ Other
    - ____ Do not know

43. What year were you born:

44. Your gender:

	Male
	Female
	Other

45. Do you have any kind of condition that limits your ability to do one or more activities of daily living . . . or are perceived by others as having such a limitation or disability:

	No
	Yes
	Do Not Know

Thank You for Your Assistance with This Research Initiative

****

As part of surveying the Mental Hygiene Legal Service (MHLS) program: in addition to the survey of program attorneys, the following information was provided by the program's four regional Directors, using data from the program's files:

For the **"Time Period" January 1, 2013 - December 31, 2013:**

1. **Department's Total staff**: During the "Time Period," how many of the following personnel did your Department's MHLS program have:

	Full time attorneys
	Part time attorneys
	Full time pro bono attorneys
	Part time pro bono attorneys
	Full time paralegals
	Part time paralegals
	Unpaid non-judicial: volunteers, interns, fellows, students, etc.
	Paid full time non-judicial staff
	Paid part time non-judicial staff
	Other (specify):

2. **Funding sources**: For the "Time Period," what was the total funding allocated to your Department's MHLS program:

$	NY State general funds
$	Office of Court Administration grant funds
$	Court system reimbursement fees for services performed
$	Client fees
$	Contracts with other agencies
$	Other funding source (specify):
$	Other funding source (specify):
$	Total program funding

3a. **Number of Cases/Clients Taken Care Of:** During the "Time Period," what were the total number of cases and unduplicated clients your Department responded to/provided assistance to:

	Total number of cases
	Total number of unduplicated clients

3b. **Declined requests:** During the "Time Period," did your Department *decline* any requests for assistance:

	No requests were declined
	Yes
	Number of TOTAL requests declined

4. If you answered "Yes" to Question 3b:
   Check the top 4 reasons for declining requests for legal assistance:

	The program's funds were not sufficient.	
	Your Department's caseload was full and could not assume more work.	
	The overall cost to address a specific request was too great relative to the Department's total resources.	
	Another program, agency, or source of legal services could provide the requested assistance.	
	Client did not meet income-eligibility guidelines.	
	Client did not meet the program-eligibility guidelines.	
	Client could not come to your office(s) and Department staff could not meet with the client elsewhere.	
	Client's issue did not constitute a legal case.	
	Client's issue was outside your Department staff's area of legal expertise.	
	Program staff could not accommodate the client's language.	
	You had a conflict of interest regarding the client or the client's issue.	
	Other (specify):	
	Other (specify):	
	Other (specify):	
	Other (specify):	

Optional:
Please add any other comments you wish to share regarding any aspects of the MHLS program:

Statewide Survey of New York Residents Who Have One or More Disability, Impairment, or Condition That Limits Their Ability to Perform Activities of Daily Living Without Assistance:
© 2015 New York State Office for the Aging

Suggested Citation: V. Prosper and L. Beck (2015), "Statewide Survey of New York Residents Who Have One or More Disability, Impairment, or Condition That Limits Their Ability to Perform Activities of Daily Living Without Assistance," *Report of Findings: Seven Statewide Surveys, New York State Legal Services Initiative*. Albany, NY: New York State Office for the Aging.

LSI New York State Legal Services Initiative

NY State Office for the Aging

NY State Office of Court Administration

NY State Bar Association

NY State Office for People With Developmental Disabilities

Appendix G

A statewide survey of individuals (of all ages) with all types of disabilities that limit their ability to perform routine daily activities without assistance from other people, devices, or equipment. The survey instrument was created in three versions: in the Web-based Survey Monkey program, for completion and submission on-line; as a Microsoft Word document, for printing, manual completion, and mailing by individuals with no access to computers or the Internet; and as a Microsoft Word document formatted for screen readers using a variety of software programs.

Statewide Survey of New York Residents
Who Have One or More Disability, Impairment, or Condition
That Limits Their Ability to Perform Activities of Daily Living Without Assistance

STATEMENT of ASSURANCES for survey respondents

VOLUNTARY:
Completion of this survey is completely voluntary.

ANONYMITY:
The survey is anonymous; your name or affiliation will not be identified with the survey information you submit.
All survey findings will be reported in the aggregate and will not be identified with any individual questionnaire.

USE OF THE SURVEY FINDINGS:
The findings from this survey of individuals with disabilities, impairments, or conditions that limit their ability to conduct the routine activities of daily living without assistance will provide the basis for the Legal Services Initiative's partnership to implement activities that are meant to advance the availability, affordability, and accessibility of legal assistance for older adults, people of all ages with disabilities, and informal caregivers.

This survey is one of seven surveys conducted by the NY State Legal Services Initiative as a means of better understanding the legal service needs of New York's residents and the extent to which legal services are available, affordable, and accessible for the State's residents.

The results of this survey of individuals with disabilities will be added to the Initiative's Report of Findings, which provides the results of the Initiative's first six surveys and is available on the Legal Services Initiative web site at http://www.aging.ny.gov/LivableNY/LegalServices/lsireportfindings.cfm.

QUESTIONS:
If you have any questions about the Legal Services Initiative or this survey, please contact Vera Prosper at: 518-474-4382 or vera.prosper@aging.ny.gov.

Survey Questionnaire

This questionnaire should be completed by:

- Individuals who have a long-term disability, impairment, or condition that limits their ability to perform routine activities of daily living without assistance from other people or special devices or equipment ("long-term" means six months or more), or
- Someone who helps the person with a disability, impairment, or condition complete the survey because that person cannot complete the survey by himself or herself.

In all the survey questions, "you" and "your" means the person with the disability, impairment, or condition.

A. Check if this survey is being completed by:

	A person who has a long-term disability, impairment, or limiting condition.
	Someone who is completing the survey for the person with the disability, impairment, or condition.

B. Briefly describe your primary disability, impairment, or condition:

For this survey:

We will ask some questions about 5 different areas of life:
Housing or Real Estate
Family Matters or Relationships
Money Matters
Life Planning
Dealing with Others

For each area, we will ask:

Over the past 3 to 5 years, did you have a serious problem in that area; that is, a matter that was of great concern and serious enough that you took some special action or wished you could have taken some special action?

SECTION 1

The first life area is: Housing or Real Estate

For example, anything related to foreclosure, eviction, mortgage, reverse mortgage, utilities, deed, house sale or purchase, property damage, home repairs, zoning, sidewalks, lease, rent charges, tenants, builder contracts, mobile home, in-home services and care, housing discrimination, nursing home or assisted living, accessibility, landlord, or anything else related to your home, apartment, residence, yard, or other property you own, lease, or rent, etc.

1. Over the past 3 to 5 years, did you have one or more serious problem or matter in the life area of Housing or Real Estate?

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to the Section 2 on page #.

If you said "Yes": continue below:

2. For the most serious Housing/Real Estate problem or matter:
Describe that one problem or matter in just a few words:

3. For the Housing/Real Estate problem or matter you described:

Did you use the services of a lawyer, some other legal assistance provider, or community agency in order to get help with the problem or matter?

	Yes
	No
	Don't know

4. If you said "No," you did not use a lawyer, other legal assistance provider, or community agency for your Housing/Real Estate problem or matter:

Which of the following best explains why you did not (check as many as apply):

	You thought you could handle it yourself, or with help from family or friends
	You did not know or think the matter or problem was a legal issue
	You didn't know where or how to find legal help
	You didn't think you could afford legal help, so did not consider calling anyone
	You could not afford the cost the legal provider said they would charge
	You called someone, but they never called you back
	The waiting list for getting legal help was too long
	You spoke to someone, but they said you did not have a case
	They refused to take your case
	They said they did not handle your type of problem
	You had no way to get to the lawyer's or agency's office
	They would not come to where you live
	They wanted to provide help over the telephone, but that would not work well enough for you
	You were concerned that language or communication problems would limit your discussions with the lawyer
	Some other reason (specify):
	Don't know

5. If you said "Yes," you used help with this serious Housing/Real Estate problem or matter:

What type of lawyer or agency did you use: (Check as many as apply)

	A lawyer or law firm
	Local Office for the Aging
	Local Independent Living Center
	A community agency or organization
	A government agency
	The Legal Aid Society or other free legal clinic
	An ombudsman
	A mediation service
	The Police
	Some other type (Specify):
	Don't know

6. If you used help:

Would you say that the lawyer or agency you used was: (Choose just one)

	Very helpful
	Somewhat helpful
	Not very helpful
	Not helpful at all
	Don't know

7. If the lawyer or agency you used was only somewhat helpful, not very helpful, or not helpful at all, why did you feel that way: (Choose as many as apply)

	They were not competent
	They were not knowledgeable about my particular problem or matter
	We did not communicate well (language, speech, hearing, other communication problem)
	They didn't spend enough time with me
	They were never available when I needed them
	They didn't seem to have my best interests in mind
	The help they provided was not worth the cost
	Some other reason (Specify):
	Don't know

8. For the Housing/Real Estate problem or matter you described:

Was that problem or matter brought to court or an administrative hearing to have the case heard and decided:

	Yes
	No
	Don't know

If you said "No: Go to Section 2 on page #.

If you said "Yes"—the problem was brought to court or a hearing, continue below:

9. Was an attorney present in the court or hearing room to represent your case:

	Yes
	No
	Don't know

10. Were you in the court or hearing room when your Housing/Real Estate case was heard:

	Yes
	No
	Don't know

11. If you said "Yes":

When you got to the court house or hearing:

How well did you understand the steps you needed to take and the procedures you needed to go through to get to the place where your case was being heard?

	You understood them
	You understood them somewhat
	You did not understand them enough to feel comfortable
	You did not understand them
	Don't know

12. How well did you understand the judge's and attorney's discussion, their words and explanations, and the judge's decision about your case?

	You understood them.
	You understood them somewhat.
	You did not understand them enough to feel comfortable
	You did not understand them.
	Don't know

SECTION 2

This life area is: Family Matters

For example, anything related to marriage, divorce, foster care, adoption, custody, caregiving, guardianship, family relationships, domestic abuse, Lesbian and Gay issues, health conditions, mental health problems, physical disabilities, developmental disabilities, Alzheimer's care, children's school issues, and anything else related to family interactions and matters, etc.

13. Did you have one or more serious problem or matter in the life area of Family Matters?

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to Section 3 on page #.

If you said "Yes":

14. For the most serious problem or matter related to Family Matters: describe that one problem or matter in just a few words:

15. For the matter or problem related to Family Matters that you described:

Did you use the services of a lawyer, some other legal assistance provider, or community agency in order to get help with the problem or matter?

	Yes
	No
	Don't know

16. If you said "No," you did not use a lawyer, other legal assistance provider, or community agency for your Family Matters problem or matter:

Which of the following best explains why you did not (Check as many as apply):

	You thought you could handle it yourself, or with help from family or friends
	You did not know or think the matter or problem was a legal issue
	You didn't know where or how to find legal help
	You didn't think you could afford legal help, so did not consider calling anyone
	You could not afford the cost the legal provider said they would charge
	You called someone, but they never called you back
	The waiting list for getting legal help was too long
	You spoke to someone, but they said you did not have a case
	They refused to take your case
	They said they did not handle your type of problem
	You had no way to get to the lawyer's or agency's office
	They would not come to where you live
	They wanted to provide help over the telephone, but that would not work well enough for you
	You were concerned that language or communication problems would limit your discussions with the lawyer
	Some other reason (specify):
	Don't know

17. If you said "Yes," you used help with this serious Family Matters problem or matter:

What type of lawyer or agency did you use: (Check as many as apply)

	A lawyer or law firm
	Local Office for the Aging
	Local Independent Living Center
	A community agency or organization
	A government agency

	The Legal Aid Society or other free legal clinic
	An ombudsman
	A mediation service
	The Police
	Some other type (specify):
	Don't know

18. If you used help:

Would you say that the lawyer or agency you used was: (Choose just one)

	Very helpful
	Somewhat helpful
	Not very helpful
	Not helpful at all
	Don't know

19. If the lawyer or agency you used was only somewhat helpful, not very helpful, or not helpful at all, why did you feel that way: (Choose as many as apply)

	They were not competent
	They were not knowledgeable about my particular problem or matter
	We did not communicate well (language, speech, hearing, other communication problem)
	They didn't spend enough time with me
	They were never available when I needed them
	They didn't seem to have my best interests in mind
	The help they provided was not worth the cost
	Other (specify):
	Don't know

20. For the problem or matter related to Family Matters that you described:

Was that problem or matter brought to court or an administrative hearing to have the case heard and decided:

	Yes
	No
	Don't know

If you said "No: Go to Section 3 on page #.

If you said "Yes"—the problem was brought to court or a hearing:

21. Was an attorney present in the court or hearing room to represent your case:

	Yes
	No
	Don't know

22. Were you in the court or hearing room when your Family Matter case was heard:

	Yes
	No
	Don't know

23. If you said "Yes":

When you got to the court house or hearing:
How well did you understand the steps you needed to take and the procedures you needed to go through to get to the place where your case was being heard?

	You understood them
	You understood them somewhat
	You did not understand them enough to feel comfortable
	You did not understand them
	Don't know

24. How well did you understand the judge's and attorney's discussion, their words and explanations, and the judge's decision about your case?

	You understood them.
	You understood them somewhat.
	You did not understand them enough to feel comfortable
	You did not understand them.
	Don't know

SECTION 3

This life area is: Money Matters

For example, anything related to personal or business finances, any type of insurance policy or payment, credit cards, salary, pensions, social security, banks, any type of taxes, stocks and other investments, debt, bankruptcy, bill collectors, any type of family or business or education loan, employment or job, public benefits, patents and intellectual property, or any other issues related to financial matters.

25. Did you have one or more serious problem or matter in the life area of Money Matters?

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to Section 4 on page #.

If you said "Yes":

26. For the most serious problem or matter related to Money Matters: describe that one problem or matter in just a few words:

27. For the problem or matter related to Money Matters that you described:

Did you use the services of a lawyer, some other legal assistance provider, or community agency in order to get help with the problem or matter?

	Yes
	No
	Don't know

28. If you said "No," you did not use a lawyer, other legal assistance provider, or community agency for your Money Matter:

Which of the following best explains why you did not:

	You thought you could handle it yourself, or with help from family or friends
	You did not know or think the matter or problem was a legal issue
	You didn't know where or how to find legal help
	You didn't think you could afford legal help, so did not consider calling anyone
	You could not afford the cost the legal provider said they would charge
	You called someone, but they never called you back
	The waiting list for getting legal help was too long
	You spoke to someone, but they said you did not have a case
	They refused to take your case
	They said they did not handle your type of problem
	You had no way to get to the lawyer's or agency's office
	They would not come to where you live
	They wanted to provide help over the telephone, but that would not work well enough for you
	You were concerned that language or communication problems would limit your discussions with the lawyer
	Some other reason (specify):
	Don't know

29. If you said "Yes," you used help with this serious Money Matter:

What type of lawyer or agency did you use: (Check as many as apply)

	A lawyer or law firm
	Local Office for the Aging
	Local Independent Living Center
	A community agency or organization
	A government agency
	The Legal Aid Society or other free legal clinic
	An ombudsman
	A mediation service
	The Police
	Some other type (Specify):
	Don't know

30. If you used help:

Would you say that the lawyer or agency you used was: (Choose just one)

	Very helpful
	Somewhat helpful
	Not very helpful
	Not helpful at all
	Don't know

31. If the lawyer or agency you used was only somewhat helpful, not very helpful, or not helpful at all, why did you feel that way: (Choose as many as apply)

	They were not competent
	They were not knowledgeable about my particular problem or matter
	We did not communicate well (language, speech, hearing, other communication problem)
	They didn't spend enough time with me
	They were never available when I needed them
	They didn't seem to have my best interests in mind
	The help they provided was not worth the cost
	Some other reason (Specify):
	Don't know

32. For the Money Matter that you described:
Was that problem or matter brought to court or an administrative hearing to have the case heard and decided:

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to Section 4 on page #.

If you said "Yes":

33. Was an attorney present in the court or hearing room to represent your case:

	Yes
	No
	Don't know

34. Were you in the court or hearing room when your Money Matter case was heard:

	Yes
	No
	Don't know

35. If you said "Yes":

When you got to the court house or hearing:

How well did you understand the steps you needed to take and the procedures you needed to go through to get to the place where your case was being heard?

	You understood them
	You understood them somewhat
	You did not understand them enough to feel comfortable
	You did not understand them
	Don't know

36. How well did you understand the judge's and attorney's discussion, their words and explanations, and the judge's decision about your case?

	You understood them.
	You understood them somewhat.
	You did not understand them enough to feel comfortable
	You did not understand them.
	Don't know

SECTION 4

This life area is: Life Planning

For example, anything related to guardianship, wills, power of attorney, advance directive, estate planning, retirement, savings, future plans or care or education for disabled child, caregiving issues, dementia care for family member, care of elderly parents, death of a spouse, career or educational changes, relocations, long-term care plans, children's college costs, or anything else related to future planning for yourself or someone you are responsible for.

37. Did you have one or more serious problem or matter in the life area of Life Planning?

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to Section 5 on page #.

If you said "Yes":

38. For the most serious problem or matter related to Life Planning: describe that one problem or matter in just a few words:

39. For the Life Planning problem or matter that you described:

Did you use the services of a lawyer, some other legal assistance provider, or community agency in order to get help with the problem or matter?

	Yes
	No
	Don't know

40. If you said "No," you did not use a lawyer, other legal assistance provider, or community agency for your Life Planning problem or matter:

Which of the following best explains why you did not:

	You thought you could handle it yourself, or with help from family or friends
	You did not know or think the matter or problem was a legal issue
	You didn't know where or how to find legal help
	You didn't think you could afford legal help, so did not consider calling anyone
	You could not afford the cost the legal provider said they would charge
	You called someone, but they never called you back
	The waiting list for getting legal help was too long
	You spoke to someone, but they said you did not have a case
	They refused to take your case
	They said they did not handle your type of problem
	You had no way to get to the lawyer's or agency's office
	They would not come to where you live
	They wanted to provide help over the telephone, but that would not work well enough for you
	You were concerned that language or communication problems would limit your discussions with the lawyer
	Some other reason (specify):
	Don't know

41. If you said "Yes," you used help with this serious Life Planning problem or matter:

What type of lawyer or agency did you use: (Check as many as apply)

	A lawyer or law firm
	Local Office for the Aging
	Local Independent Living Center
	A community agency or organization
	A government agency
	The Legal Aid Society or other free legal clinic
	An ombudsman
	A mediation service
	The Police
	Some other type (Specify):
	Don't know

42. If you used help:

Would you say that the lawyer or agency you used was: (Choose just one)

	Very helpful
	Somewhat helpful
	Not very helpful
	Not helpful at all
	Don't know

43. If the lawyer or agency you used was only somewhat helpful, not very helpful, or not helpful at all, why did you feel that way: (Choose as many as apply)

	They were not competent
	They were not knowledgeable about my particular problem or matter
	We did not communicate well (language, speech, hearing, other communication problem)
	They didn't spend enough time with me
	They were never available when I needed them
	They didn't seem to have my best interests in mind
	The help they provided was not worth the cost
	Some other reason (Specify):
	Don't know

44. For the problem or matter related to Life Planning that you described:
Was that problem or matter brought to court or an administrative hearing to have the case heard and decided:

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to Section 5 on page #.

If you said "Yes":

45. Was an attorney present in the court or hearing room to represent your case:

	Yes
	No
	Don't know

46. Were you in the court or hearing room when your Life Planning case was heard:

	Yes
	No
	Don't know

47. If you said "Yes":

When you got to the court house or hearing:

How well did you understand the steps you needed to take and the procedures you needed to go through to get to the room where your case was being heard?

	You understood them
	You understood them somewhat
	You did not understand them enough to feel comfortable
	You did not understand them
	Don't know

48. How well did you understand the judge's and attorney's discussion, their words and explanations, and the judge's decision about your case?

	You understood them.
	You understood them somewhat.
	You did not understand them enough to feel comfortable
	You did not understand them.
	Don't know

SECTION 5

This life area is: Dealing with Others

For example, anything related to harassment, physical or mental or financial abuse or neglect, accessibility or reasonable accommodations in housing or buildings or transportation, any type of discrimination, Lesbian or Gay issues, noisy neighbors, identity theft, fraud, unscrupulous marketers, consumer contracts, landlord/tenant disputes, retail purchases, workplace issues, bullying, or any other issues stemming from dealings with other people, agencies, or institutions.

49. Did you have one or more serious problem or matter related to Dealing with Others?

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to the Final Section on page #.

If you said "Yes":

50. For the most serious problem or matter related to Dealing with Others:
Describe that one problem or matter in just a few words:

51. For the problem or matter related to Dealing with Others that you described:

Did you use the services of a lawyer, some other legal assistance provider, or community agency in order to get help with the problem or matter?

	Yes
	No
	Don't know

52. If you said "No," you did not use a lawyer, other legal assistance provider, or community agency for your problem or matter related to Dealing with Others:

Which of the following best explains why you did not (Check as many as apply):

	You thought you could handle it yourself, or with help from family or friends
	You did not know or think the matter or problem was a legal issue
	You didn't know where or how to find legal help
	You didn't think you could afford legal help, so did not consider calling anyone
	You could not afford the cost the legal provider said they would charge
	You called someone, but they never called you back
	The waiting list for getting legal help was too long
	You spoke to someone, but they said you did not have a case
	They refused to take your case
	They said they did not handle your type of problem
	You had no way to get to the lawyer's or agency's office
	They would not come to where you live
	They wanted to provide help over the telephone, but that would not work well enough for you
	You were concerned that language or communication problems would limit your discussions with the lawyer
	Some other reason (Specify):
	Don't know

53. If you said "Yes," you used help with this serious Dealing with Others problem or matter:

What type of lawyer or agency did you use: (Check as many as apply)

	A lawyer or law firm
	Local Office for the Aging
	Local Independent Living Center
	A community agency or organization
	A government agency
	The Legal Aid Society or other free legal clinic
	An ombudsman
	A mediation service
	The Police
	Some other type (Specify):
	Don't know

54. If you used help:

Would you say that the lawyer or agency you used was: (Choose just one)

	Very helpful
	Somewhat helpful
	Not very helpful
	Not helpful at all
	Don't know

55. If the lawyer or agency you used was only somewhat helpful, not very helpful, or not helpful at all, why did you feel that way: (Choose as many as apply)

	They were not competent
	They were not knowledgeable about my particular problem or matter
	We did not communicate well (language, speech, hearing, other communication problem)
	They didn't spend enough time with me
	They were never available when I needed them
	They didn't seem to have my best interests in mind
	The help they provided was not worth the cost
	Some other reason (Specify):
	Don't know

56. For the problem or matter related to Dealing with Others that you described:

Was that problem or matter brought to court or an administrative hearing to have the case heard and decided:

	Yes
	No
	Don't know

If you said "No" or "Don't know": Go to the Final Section on page #.

If you said "Yes":

57. Was an attorney present in the court or hearing room to represent your case:

	Yes
	No
	Don't know

58. Were you in the court or hearing room when your Dealing with Others case was heard:

	Yes
	No
	Don't know

59. If you said "Yes":

When you got to the court house or hearing:

How well did you understand the steps you needed to take and the procedures you needed to go through to get to the place where your case was being heard?

	You understood them
	You understood them somewhat
	You did not understand them enough to feel comfortable
	You did not understand them
	Don't know

60. How well did you understand the judge's and attorney's discussion, their words and explanations, and the judge's decision about your case?

	You understood them.
	You understood them somewhat.
	You did not understand them enough to feel comfortable
	You did not understand them.
	Don't know

FINAL SECTION 6

61. In general, how much concern or worry do you feel about each of the following topics:

	Little or No Concern or Worry	Some Concern or Worry	A Lot of Concern or Worry
Your home, property, or where you live			
Neighborhood or community issues			
Family relationships or family matters			
School, education, or professional issues			
Your job, business, licenses, or business regulations			
Your income, savings, pension, stock market			
Debt, bills, or credit cards			
Insurance or taxes			
Retirement or estate planning			
Government benefits or programs			
Physical or mental health; medications			
Long-term care			
Caregiving responsibilities—for spouse, parent, or other family member			
Abuse/neglect—financial, emotional, physical, mental			
Transportation			
Accessibility—buildings, bus, plane, etc.			
Fraud or scams			
Harassment, discrimination, or civil rights			
Crimes or safety			
Police, court system, or law suits			
Any other topic (Specify):			
Any other topic (Specify):			

The following questions will help us better understand the population groups that are experiencing the various problems or matters we asked about:

62. The area where you live—is it mainly:

	Rural
	Suburban
	Urban
	Don't know

63. What county do you live in:

64. Who else lives in your household with you (Check all that apply):

	You live alone
	Your spouse
	Your parents
	Other adults
	Children under age 18
	Other (Describe):

65. Do you live in:

	A single-family home
	A rental apartment or unit
	A licensed or certified residence, facility, or hospital that provides one or more of: meals, housekeeping, other supportive services, personal care, health care, long-term care, or medical care
	Other type (Please Describe):
	Don't know

66. Do you have a job:

	Yes
	No

67. If you have a job:

Are you working:

	Full time
	Part time

68. If you do not have a job:

Are you retired:

	Yes
	No

69. What is your highest level of education:

	Less than high school graduate
	High school graduate
	Professional certificate or license
	Some college
	Four-year college degree or higher
	Don't know

70. What is your marital status? (Choose one)

	Never married
	Married
	Separated
	Divorced
	Widowed
	In a civil partnership
	Domestic partnership
	Not married, but in a long-term relationship

71. What year were you born:

72. How would you describe your general health:

	Very good
	Good
	Fair
	Poor
	Don't know

73. Do you have access to affordable transportation when you need it:

	Never
	Almost never
	Sometimes
	Very often
	Always

Definition—caregiver:

A "caregiver" is someone who regularly (at least once a week for a substantial period of time) provides help for someone who is sick, frail, or has a disability or some type of special circumstance . . . because that person has trouble doing daily tasks for themselves.

For example, such tasks as:

Transportation—to appointments, shopping, religious services, visiting, etc.
Assistance with walking or getting in and out of bed or going to the toilet.
Assistance with taking medications.
Medical needs, such as changing bandages, giving shots, help with medical equipment.
Arranging and ordering medical or nursing supplies or medications.
Assistance with bathing, dressing, grooming, or eating.
Assistance with cooking, grocery shopping, house cleaning, laundry, small repairs.
Help with reading, making phone calls, making appointments.
Lawn mowing and snow shoveling.
Paying bills, banking, or interpreting and taking care of important papers.
Other activities of daily living.

74. Do you regularly (at least once a week) provide caregiving help for your spouse, any family members, or friends:

	Yes
	No

75. Do you use email:

	Yes
	No

76. Do you have access to a working telephone in a location that provides privacy :

	Yes
	No

77. Do you use a telephone for communicating with others:

	Yes
	No

78. Besides email or the telephone:
Do you use any other types of technology for communication:

	No
	Yes (Describe):

79. Do you use the internet:

	Yes
	No

80. What is your race/ethnicity:

	White non-Hispanic
	Black non-Hispanic
	Hispanic or Latino
	Asian or Pacific Islander
	Native American
	Multi-racial
	Other
	Do not know

81. Your gender:

	Male
	Female

82. Which best describes your household's total yearly income (including salary, wages, pensions, social security, disability payments, alimony and child support, interest and dividends, and other sources of income):

	Below $12,000
	Below $30,000
	Below $50,000
	Below $75,000
	Below $100,000
	$100,000 or more

83. Consumers can get legal information or find legal help in many ways.

Check whether each method listed would be "very helpful," somewhat helpful," or "not helpful" for you:

	Very Helpful	Somewhat Helpful	Not Helpful
A **telephone hotline** where you could call and ask a lawyer questions for free			
A legal **guidebook** for consumers			
A **website** that provides legal information			
Email notices that regularly send you legal information and resources			
Newsletters from attorneys or from agencies on legal matters			
Community programs on different legal topics			
A **trustworthy referral service** that would tell you which lawyer or agency to call to handle your problem or issue, or to tell you which ones serve individuals with limited financial means or limited mobility, etc.			
TV advertisements			
Radio **advertisements**			
Radio or TV **programs** on legal issues			
Other (Describe):			
Other (Describe):			

84. Please provide any additional comments you wish to make:

Submission:

- **If you save the survey questionnaire as a Word document and fill it out on line:**
  - **Email your completed survey to: vera.prosper@aging.ny.gov.**

- **If you print the survey questionnaire and fill it out by hand:**
  - **Mail your completed survey to:**

Vera Prosper
NY State Office for the Aging
2 Empire State Plaza
Albany, NY 12223

Thank You for Participating in This Survey