Providers. For any “Yes” answers please:

1. If it’s ANY questionnaire with a (L) at the end (legal) of the question, and the family wants to talk to the MLP, please have the parent/caregiver sign this form and call x5343 or x8146 or go to MLP office (room 14).
2. If it’s a question that only has a (S) at the end, please consult Social Work.
3. If it’s a question that only has a (D) at the end, please page the Domestic Violence counselor or consult Social Work.
4. If the any of the Insurance, Food Insecurity or Utility questions (1a) (1d) (1e) or (2c), are a “yes”, please give resources AND ask family if they would like to speak to the MLP. If the family wants to talk to the MLP, please have the parent/caregiver sign this form.

If the family cannot speak with the MLP/Social Work or DV counselor today, please give them their business cards or the MLP/LCD INTAKE flier.

I authorize St. Christopher’s Hospital for Children to provide my name and contact information to the attorneys and staff of the PHILAKids MLP/Legal Clinic for the Disabled, Inc.

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Signature Date