

# The Halton Legal Health Check-Up



**Halton Community Legal Services**

*Seeking solutions to the legal problems in everyday  
life that may be harmful to your health*

## **This survey was distributed by:**

Name of organization: \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_

The Legal Health Check-Up was created by Halton Community Legal Services, a community legal clinic funded by Legal Aid Ontario to provide free legal aid services to low income residents in Halton.

Graphic design and illustration by Tony Biddle, [www.perfectworlddesign.ca](http://www.perfectworlddesign.ca)  
Graphics Copyright ©2015, Tony Biddle



# Why do you need a “legal health check-up”?

This check-up covers some of the legal problems we help people in our community solve everyday. If you do not have enough money to live on, a good home or job, or family, social and health supports, your legal health may be at risk.

We created this legal health check-up because:

- Many people do not think of their everyday problems as being “legal problems” and do not know that we can help.
- People living in poverty are more likely to report multiple problems such as bad health, unemployment, low income, poor housing and family breakdown.
- Poverty can make you sick.



# How this check-up can help us help you

We want to help you before a neglected or unresolved problem makes you sick and leads to a crisis like eviction and homelessness.

We know problems can add up. It is best to deal with problems one at a time. Dealing with all your problems at once can be overwhelming. But we might be able to help you.

How?

If you answer the questions in this legal health check-up and return it to us, we might be able to help you address any problems you have. We can also refer you to other community groups and agencies that might be able to help you.

# A few things before you get started...

**1** All of your answers in this check-up will be **confidential**. To find out more about our privacy policy go to [www.legalhealthcheckup.ca](http://www.legalhealthcheckup.ca) or call 905-875-2069.

**2** There is a contact sheet at the end of the check-up that you can fill in if:

■ you would like someone from our legal clinic to call you about how we can help.

OR

■ you would like us to send you helpful information about other community services that can help.

OR

■ you would like to attend a free education and support session to learn about your legal rights with people sharing the same kind of experience.

**3** Answering the questions in this check-up does **NOT** make you a client of Halton Community Legal Services.

**If you need urgent help with a problem,  
please call us: 905-875-2069**

**4** If you would like to complete the check-up in a language other than English please call us: 905-875-2069. We have access to immediate telephone interpretation services in over 180 languages.

**5** If you self-identify as First Nation, Metis or Inuit, to learn more about Voluntary Aboriginal Self-Identification as part of the check-up please call us: 905-875-2069

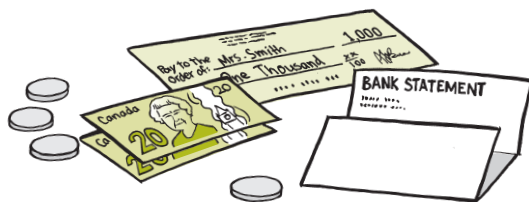
**6** If you prefer, you can fill out this legal check-up on line at [www.legalhealthcheckup.ca](http://www.legalhealthcheckup.ca)



Or, turn the page and take the check-up now!



# Take the check-up!



## Income

1 Do you ever have trouble making ends meet? YES ☐ NO ☐

2 Do you rely on food banks and community dinners? YES ☐ NO ☐

3 Can you afford to meet your dietary needs? YES ☐ NO ☐

4 Do you need help getting or keeping any of these benefits? If "yes", please indicate which ones: YES ☐ NO ☐

☐ Ontario Works

☐ Guaranteed Income Supplement

☐ Ontario Disability

☐ Child Benefits

☐ Canada Pension Plan

☐ Workers Compensation

☐ Old Age Security

☐ Disability Tax Credit

☐ Employment Insurance

5 Do you have a medical review date for ODSP? YES ☐ NO ☐

6 Do you need help when you do your taxes? YES ☐ NO ☐

7 Is anyone contacting you to pay outstanding bills? YES ☐ NO ☐

8 Can you afford transportation? YES ☐ NO ☐

**Income** (continued)

**9** Do you have someone to make financial decisions or to manage your money and pay your bills for you if you become unable to do so? YES ☐ NO ☐

**10** Does anyone ever take things from you or use your money without your permission? YES ☐ NO ☐

**11** Is there anything else you would like to tell us about income issues?

*(Describe)*

---

---

---

---

---

## Housing



**1** Where do you sleep?

☐ Home I own

☐ Home I rent

☐ With family or friends

☐ Assisted living

☐ Group home

☐ Retirement home

☐ Long term care home

☐ Shelter

☐ Rooming house

☐ Other (specify): \_\_\_\_\_



**Housing** (continued)

**2** Are you behind in your rent right now? YES ☐ NO ☐ DOESN'T APPLY ☐

**3** Is anyone threatening to evict you? YES ☐ NO ☐ DOESN'T APPLY ☐

**4** Are you on the waiting list for subsidized housing? YES ☐ NO ☐ DOESN'T APPLY ☐

**5** Are you worried your rent subsidy will be cancelled? YES ☐ NO ☐ DOESN'T APPLY ☐

**6** Have you been late paying your rent in the past year?  
If "yes," how many times?

☐ YES, 1 to 3 times NO ☐

☐ YES, 4 to 6 times

☐ YES, more than 6 times

**7** Are you behind with your utility bills (for example, electricity, gas or water)? YES ☐ NO ☐ DOESN'T APPLY ☐

**8** Do you have any of the following problems? YES ☐ NO ☐  
If "yes," please indicate which ones:

☐ Landlord doesn't make repairs

☐ Heat or air conditioning doesn't work

☐ Mould, bugs or rodents

☐ Other unhealthy and/or unsafe conditions (describe): \_\_\_\_\_

\_\_\_\_\_

**9** Do you have any problems with your neighbours? YES ☐ NO ☐

**10** Have you been given any eviction papers? YES ☐ NO ☐

**11** Have you been harassed or discriminated against or been treated unfairly by your landlord? YES ☐ NO ☐

**12** Have you ever been denied a unit because of the following (please check all that may apply): YES ☐ NO ☐

- |  |  |
|--|--|
| <input type="checkbox"/> race, colour or ethnic background       | <input type="checkbox"/> gender identity   |
| <input type="checkbox"/> religious beliefs or practices          | <input type="checkbox"/> family status   |
| <input type="checkbox"/> ancestry                                | <input type="checkbox"/> marital status, including having a same-sex partner   |
| <input type="checkbox"/> First Nation, Metis or Inuit background | <input type="checkbox"/> disability  |
| <input type="checkbox"/> place of origin                         | <input type="checkbox"/> age, including individuals who are 16 or 17 years old and no longer living with their parents |
| <input type="checkbox"/> citizenship, including refugee status   | <input type="checkbox"/> receiving social assistance   |
| <input type="checkbox"/> sex, including pregnancy                | <input type="checkbox"/> immigration status  |
| <input type="checkbox"/> sexual orientation                      |  |
| <input type="checkbox"/> gender expression                       |  |

**13** Are there any court orders that impact who you live with or where you can live? YES ☐ NO ☐

**14** Is there anything else you would like to tell us about housing issues?

(Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education



1 Do you get a Canada Learning Bond for your children? YES ☐ NO ☐ DOESN'T APPLY ☐

2 Are you worried about your children's education, attendance or performance in school? YES ☐ NO ☐ DOESN'T APPLY ☐

3 Are your children able to participate in activities offered at school? YES ☐ NO ☐ DOESN'T APPLY ☐

4 Do you need subsidized day care so you can go to school? YES ☐ NO ☐ DOESN'T APPLY ☐

5 Do you need help to access adult education classes or a job training program? YES ☐ NO ☐

6 Are you overdue on any student loans? YES ☐ NO ☐

7 Is there anything else you would like to tell us about education issues?

(Describe): \_\_\_\_\_

---

---

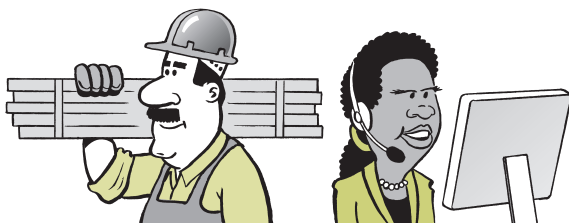
---

---

---

---

# Employment



1 Do you have a disability that affects your ability to work? YES ☐ NO ☐

2 Are you concerned about telling an employer about any health problems that you have? YES ☐ NO ☐ DOESN'T APPLY ☐

3 Have you ever been hurt at work? YES ☐ NO ☐ DOESN'T APPLY ☐

4 Is your workplace safe? YES ☐ NO ☐ DOESN'T APPLY ☐

5 Are you being harassed or discriminated against or being treated unfairly by your employer or a co-worker? YES ☐ NO ☐ DOESN'T APPLY ☐

6 Are you having trouble finding work because of any of the following? Please check all that may apply. YES ☐ NO ☐ DOESN'T APPLY ☐

☐ race, colour or ethnic background

☐ religious beliefs or practices

☐ ancestry

☐ First Nation, Metis, Inuit (background)

☐ place of origin

☐ citizenship, including refugee status

☐ sex (including pregnancy)

☐ sexual orientation

☐ gender expression

☐ gender identity

☐ family status

☐ marital status, including having a same-sex partner

☐ disability

☐ age, including individuals who are 16 or 17 years old and no longer living with their parents

☐ receiving social assistance

☐ immigration status

☐ criminal record

☐ not having enough Canadian experience or training

**Employment** (continued)

**7** Do you worry about being fired, laid off or having your hours cut? YES ☐ NO ☐ DOESN'T APPLY ☐

**8** Do you have trouble getting time off when you need it to look after a family member? YES ☐ NO ☐ DOESN'T APPLY ☐

**9** Do you need subsidized child care so you can work? YES ☐ NO ☐ DOESN'T APPLY ☐

**10** Does your employer or past employer owe you money? YES ☐ NO ☐ DOESN'T APPLY ☐

**11** Is there anything else you would like to tell us about work issues?

(Describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health



1 Do you have a family doctor?

YES ☐ NO ☐

2 Are you able to get the health services and supports you or your family needs? If "no" please indicate which ones:

YES ☐ NO ☐

☐ Assistive devices

☐ Counselling

☐ Physiotherapy

☐ Glasses

☐ Special diet

☐ Services for children or adults with special needs

☐ Mental health

☐ Addictions

☐ Dental care

3 Can you afford to buy prescription medicine when you need it?

YES ☐ NO ☐

4 Do you have someone to make healthcare decisions for you if you become unable to do so.

YES ☐ NO ☐

5 Are you having trouble getting healthcare because of your status in Canada?

YES ☐ NO ☐

- 6 Is there anything else you would like to tell us about health issues?

(Describe): \_\_\_\_\_

---

---

---

---

## Family and Community Supports



- 1 Are you going through a divorce or separation? YES ☐ NO ☐

- 2 Have you ever been involved in a relationship where you worried about your safety or for your children's safety? YES ☐ NO ☐

- 3 Do you have problems with child support, custody or access? YES ☐ NO ☐

- 4 Have you ever been involved in a relationship with someone who tried to control where you went or who you talked to or limited your access to money? YES ☐ NO ☐

**Family and Community Supports** (continued)

**5** Do you have a will? YES ☐ NO ☐

**6** Do you have birth certificates or government ID for yourself and everyone in your family? YES ☐ NO ☐

**7** Are you having trouble getting Canadian citizenship? YES ☐ NO ☐

**8** Are you having trouble bringing family members to Canada? YES ☐ NO ☐

**9** Do you or your children need financial help to get involved in social, fitness or recreation programs? YES ☐ NO ☐

**10** Can you afford to participate in the life of your community? YES ☐ NO ☐

**11** Is there anything else you would like to tell us about family and community issues?

(Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Can we contact you?

- 1 Would you like our intake worker to contact you to find out how we can help?

YES ☐ NO ☐

- 2 Would you like us to send you resources that we think might be helpful? If you choose to talk with an intake worker that person might suggest sending you resources anyway after listening to you and discussing the problems you have identified.

YES ☐ NO ☐

- 3 Would you like to attend a free public legal education and support session to learn about your legal rights and practical steps you can take to deal with problems you are experiencing? If "yes":

YES ☐ NO ☐

**Why did you choose the information and support session?**

---

**What topics you are most interested in?**

---

**What time of day and location works best for you to attend a session?**

---

**Do you require any supports to attend a session?** YES ☐ NO ☐

- 4 Your contact information

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

---

# Please return your check-up to us

When you have completed your check-up and want us to review your results to see if we can help, please return it to Halton Community Legal Services.

You can return this check-up to us in one of the following ways:

Put it in a sealed envelope and return it to the person who gave it to you. She or he will return the sealed envelope to Halton Community Legal Services for you.



OR

Put it in a sealed envelope and mail it to us.

**Halton Community Legal Services  
420-690 Dorval Drive  
Oakville, Ontario L6K 3W7**



OR

Call us and speak with our intake worker about your answers.

**905-875-2069**



If you would like to remain anonymous, that's okay. You do not have to give us your name. We would still like to know about your legal health because that helps us understand our community better.

If you would like us to contact you, please give us your contact information in the spaces provided on page 15.

Thank you!



