

# 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)  
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# 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

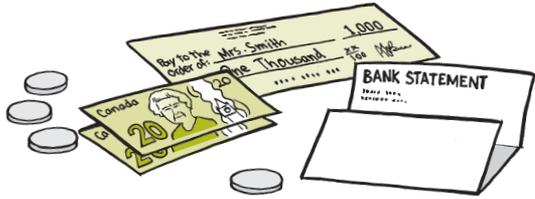
**6** If you prefer, you can fill out this legal check-up on line at [www.legalhealthcheckup.ca](http://www.legalhealthcheckup.ca)



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)*

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## 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

Services for children or adults with special needs

Counselling

Mental health

Physiotherapy

Addictions

Glasses

Dental care

Special diet

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!



