

ONLINE INTAKE FORM

BLAC provides free legal services to Black people in Ontario who have low and no income and who have been treated unfairly because they are Black.

If you need our help, please fill in this form and email it to intake@blac.clcj.ca.

Using technology (e.g. email) to communicate has risks. If you contact us using the internet (e.g. email, website), we cannot guarantee that the information you send will be kept confidential. If you do not feel comfortable emailing us this form, please call us instead.

If you send us an email, fill out this form, or contact us in any other way, this does not mean that we are your lawyers or legal representatives. It does not create a solicitor-client relationship. You do not become our client, unless and until we agree to represent you. If we agree to represent you, we will enter into a written agreement with you.

After email this form to BLAC, someone will call you or email you within three (3) weekdays. We may:

- give you legal information
- give you legal advice
- help you represent yourself
- represent you for all or some of your case
- refer you to another person or organization

The type of service that we will give you depends on things like the kind of legal problem that you have, your income, and your assets.

*Means you have to answer and cannot skip the question

Website: www.blacklegalactioncentre.ca Email: info@blac.clcj.ca



General

1.	 Do you (or the person that needs our services) identify as Black (African, Afro- African-Canadian descent)?* 			
	0	Yes		
	0	No		
2.	Do you	u live in Ontario?*		
	0	Yes		
	0	No		
3.	Have y	ou contacted BLAC before?*		
	0	Yes		
	0	No		
Perso	Personal information			
4.	Conta	ct information:		
	•	First name*		
	•	Last name*		
	•	Phone number		
	•	Alternate phone number		
	•	Email address		
	•	Address line 1		
	•	Address line 2		
	•	City		
	•	Province		
	•	Postal code		

5. Would you like it better if we contacted you by email or by phone?*



	vviien	we can you by priorie, our number will show as private or no caller 1D.
	0	Email
	0	Phone
6.	If you	prefer to be contacted by phone, can we leave you a voicemail message?
	0	Yes
	0	No
7.		is the best time for us to contact you by phone? Our intake lines are open ay, Wednesday and Friday from 9 am to 4:30 pm.
	0	Morning (9:00 am to 12:30 pm)
	0	Afternoon (1:30 pm to 4:30 pm)
	0	If these times don't work for you, please let us know why and when you would like us to call:
8.	What	pronouns do you use?
	0	He/him/his
	0	She/her/hers
	0	They/them/theirs
	0	Ze/hir
	0	Another pronoun:
	0	I prefer not to answer
9.	When	is your birthday (MM/DD/YYYY)?
		
10.	Can yo	ou please tell us a little bit more about your ethnicity?
	0	Black – North America
	0	Black – Caribbean
	0	Black – Latin America



o Black – Europe

1	0	Black – North Africa
	0	Black – South Africa
	0	Black – East Africa
	0	Black – West Africa
	0	Black – Indigenous (Afro-Indigenous)
	0	I prefer not to answer
Legal iss	ue	!
11. Do y	you	feel that you were treated unfairly because of your race?*
	0	Yes
	0	No
12. Who	o tr	eated you unfairly because of your race?*
If you select "Other", we cannot represent you or give you legal advice but we may be able to give you general information or to refer you to another person or organization that can help you.		
,	0	My work (i.e., employment)
,	0	My school (i.e., education)
•	0	My landlord/home
1	0	A store or public service
	0	The police
1	0	Ontario Works
	0	Ontario Disability Support Program
	0	Other (e.g. criminal law, family law, immigration law, civil law)
	0	If other, please specify:



13. Please describe what happened:
14. Do you have letters, emails, notes, photos, video or other documentation that show what happened?
o Yes
o No
o If yes, what do you have? Please describe
15. How do you want your problem solved? What would you like to happen?
Income
Please answer the below questions based on your entire household.
16. Where does your household income come from? Please select all that apply.*
Ontario Works (OW)
 Ontario Disability Support Program (ODSP)
o Canada Pension Plan (CPP)
 Old Age Security (OAS)
 Employment Insurance (EI)



o Child Tax Benefit

0	Ontario Student Assistance Program (OSAP)		
0	Employment income		
0	No income		
0	None of the above (please specify):		
17. What is your yearly household income?*			
0	\$0 - \$22,720		
0	\$22,721 – \$32,131		
0	\$32,132 - \$39,352		
0	\$39,353 - \$45,440		
0	\$45,441 - \$50,803		
0	\$50,804 and above		
18. How many people does this income support?*			
0	1		
0	2		
0	3		
0	4		
0	5+		
19. How r	nany children (under 18 years of age) live in your household?*		
0	1		
0	2		
0	3		
0	4		
0	5+		



20. How many adults (18 years of age and older) live in your household?*

0	1		
0	2		
0	3		
0	4		
0	5+		
Language	and accommodations		
21. What language do you want to use to speak with us?			
0	English		
0	French		
0	Amharic		
0	Arabic		
0	ASL - American Sign Language		
0	Haitian Creole		
0	Portuguese		
0	Somali		
	Other:		
effect on a per identity, gende	uman Rights Code is a law that says that if a rule, policy, place, or practice has a negative son because of that person's disability, age, religion, sex, sexual orientation, gender expression, or other protected ground, organizations like BLAC have to make changes tions") for that person.		
22. Do you n	eed any accommodations? If yes, please tell us what accommodations you		

need:



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Additional Notes:		
Additional Notes.		
Interview Conducted by:		

Date of Interview: