Guide to Referring Birth Certificate (BC) Request to HAP

IMPORTANT INFORMATION

Is your site served by a HAP Legal Clinic?

1) HAP provides birth certificates for those who attend our In-Person Legal Clinics
   a) In-Person Legal clinics are held for residents of a number of shelters including SELF, Bethesda, Woodstock, House of Passage, Eliza Shirley, Red Shield, and Families Forward.
2) Case managers at any location served by in-person legal clinics should not refer anyone directly to HAP for birth certificates without first getting authorization from HAP staff.

Case Managers are expected to submit referral packets that are complete and legible. The packet will be returned to you and delay the processing if:

1) all required forms are not complete and legible
2) a in-person clinic is scheduled for your shelter

CASE MANAGER REFERRAL PROCESS

Referral Packets consist of a variety of forms (NONE should be signed by the Case Manager)

1) HAP Client Intake Form
2) HAP Representation Agreement – client must sign
3) HAP Release of Information –client must sign
   a) If the participant is requesting BC for their child(ren), a separate child release must be completed for each child – see attached – and client must sign each release
4) Birth Certificate Information Form - must be completed for each request.

5) Additional Specific Birth Certificate Application Documents to include in packet depend on the state where your client was born
    a) Different states have different requirements with regard to signatures, other documents that are needed and whether a notarized statement is required.
        i. Check the separate list of requirements HAP made available to determine if the state where client was born needs client to sign the BC application document or sign/ submit any other forms or documentation
    b) Common States for Birth Certificate Requests
        i. NYC Attorney Protocol and copy of ID or a photo
        ii. Notarized Affidavit required for Maryland, Puerto Rico, and New York State.
    c) HAP has two notaries on staff. Please call 215-523-9595 or email us at BCrequests@haplegal.org to make an appointment.

Submitting the Referral Packet and Next Steps

1) Scan packet and send it to BCrequests@haplegal.org
2) HAP will need at least two weeks to open cases, run conflicts, and process application
3) Depending on the State, it could take 4-12 weeks for vital records to process the birth certificate if there are no issues
4) It is critical that you provide HAP with updated client contact information if client moves on for any reason.

Questions

Please call HAP at 215-523-9595 or email us at BCrequests@haplegal.org

We appreciate your support!

HAP
LEGAL SERVICES TO END HOMELESSNESS

Client Intake – Complete Form

~~ PLEASE COMPLETE ALL HIGHLIGHTED SECTIONS ONLY. ~~

***Denotes Required Information**

Intake Office: Main **Intake Type*:** _____ Telephone **X Email** _____Office _____Online

Intake Date*: _____ **Intake Program*:** _____
(General, Contract, SOAR, Veterans, CYF)

Outreaches Associated with Cases, if any: _____
(i.e. UCHC, Broad Street Ministry, House of Passage)

Applicant Information

Client Name: _____
(First Name*, Middle, Last Name*, Suffix)

Date of Birth*: _____

Mobile Number: (_____) _____ **Other Number:** (_____) _____

Additional numbers: (_____) _____

Email Address: _____@ _____. _____

Current Living Situation: _____
(i.e. Living in Shelter, Assisted Living, Renting a Room)

In a Program? ___ Yes ___**No** **If so, Shelter/Facility Name:** _____

Residential Address: _____

City*: _____ **State*:** _____ **Zip*:** _____

Mailing Address: _____

City*: _____ **State*:** _____ **Zip*:** _____

Intake Notes:

_____

_____

Additional Client Names (alias): _____

Case Manager: ___ Yes ____ No **If yes, Name:** _____ **Contact:** _____ **Org:** _____

Non-Adverse Parties: _____
(Alternative contacts including friend, minor child we are representing, spouse, etc.)

Adverse Parties: _____
(Individual, organization, common (i.e. SSA, IRS, PA)

Financial Information

Number of People over 18: _____ **Number of People under 18: _____**

Household Income (Source): _____ **Frequency: _____**
(Weekly, Monthly, Annually)

Income Amount: $ _____

Any reason income will change? ____Yes _____No **Any Assets? ____Yes _____No**

Demographics

Gender: ___ Man ___ Woman ___ Trans Man ___ Trans Woman ___ Non-Binary ___Prefer to Self-Describe:_____

Race: ___Asian ___ Black/African Amer. ____ Caucasian ___ Hispanic/Latino(a) ____Multiracial ____ Native Amer. ___ Pacific Islander ___ Prefer to Self-Describe: _____

Ethnicity: ___ Hispanic ___Non-Hispanic **Did you serve in the Military?** ___Yes ___No

Languages: _____

Additional Information

How did you hear about HAP? _____

Referring Organization (if any): _____

Office Use only:

Legal Problem Category*: _____ **Legal Problem Code*:** _____
(i.e. Records, Employment) (i.e. PA BC, Unemployment)

Special Legal Problem (if any): _____

Disposition Status*: ___ Accept Case ____ Reject ___ Pending Review

Cases Status*: _____ Closed _____ Pending Review _____Ready to Close _____Working

Please complete remaining information in LegalServer.

HAP

LEGAL SERVICES TO END HOMELESSNESS

Birth Certificate Request

Information Sheet

Name at Birth: _____

(first, middle and last name)

Current Name (if different from above): _____

Birthplace (city/state/county): _____

Date of Birth: / / Age: _____

Gender: ___ Man ___ Woman ___ Trans Man ___ Trans Woman ___ Non-Binary ___Prefer to Self-Describe: _____

Intended use of birth certificate: _____

(ID, benefits, employment, etc.)

Parent/Mother's Name: _____

(Full name including maiden name)

If client was born in Puerto Rico, please obtain mother's place of birth: _____

Parent/Father's Name: _____

If client was born in Puerto Rico, please obtain father's place of birth: _____

Name of hospital where born: _____

Note: New York City requires that we send a picture of the client along with the application.

HOMELESS ADVOCACY PROJECT
REPRESENTATION AGREEMENT

_____, ("Client"), retains HAP/_____, a Homeless Advocacy Project (HAP) volunteer attorney/paralegal/law student ("Advocate"), to represent Client as his/her legal representative to obtain a Birth Certificate(s). Client authorizes Advocate to represent him or her as a HAP volunteer when making inquiries. Client also authorizes Advocate to obtain any information or documents necessary for Advocate's representation of Client. Client agrees that HAP may re-assign Client's case to a different HAP volunteer or to a HAP staff attorney.

A. CLIENT'S DUTIES:

1. To provide Advocate with information that is true and complete to the best of Client's knowledge.
2. To inform Advocate of any change in Client's address or phone number.
3. To inform Advocate of any change in Client's income or assets.
4. To keep appointments with Advocate or to call Advocate in advance to cancel an appointment.

B. ADVOCATE'S DUTIES:

1. To provide legal services and representation for Client in this case **free of charge**.
2. To keep Client reasonably informed about the status of his or her case.
3. To comply with Client's reasonable requests for information.
4. To consult with Client before any significant decision is made on Client's behalf, and to give Client sufficient information to make an informed decision.
5. To keep all communications between Advocate and Client confidential. However, Client agrees that Advocate may discuss certain facts of Client's case with other people only to the extent it is necessary to represent Client in this case.
6. Not to offer or give any money, gifts or loans to Client.

C. TERMINATION OF REPRESENTATION:

1. Advocate may stop representing Client under the following circumstances:
   (a) Advocate has completed the services he or she has agreed to provide;
   (b) further representation would be useless, unreasonable or would not help to achieve Client's objectives;
   (c) Client is no longer financially eligible for services;
   (d) Advocate is unable to contact Client despite reasonable efforts; or
   (e) Client does not cooperate with Advocate.
   (f) Advocate has a prohibited conflict of interest which cannot be waived or otherwise cured.
2. Client is free to stop Advocate from representing him or her for any reason.

D. FILE MAINTENANCE: Your birth record file will be destroyed 3 years after your case is closed.

_____ Signature of Client

_____ Signature of Volunteer Advocate

DATE:_____

_____ Signature of HAP Staff Attorney

July 2014

LEGAL SERVICES TO END HOMELESSNESS

1429 Walnut Street, 15th Floor
Philadelphia, PA 19102
215-523-9595 (phone)
215-523-9599 (fax)

RELEASE OF INFORMATION AUTHORIZATION

I, _____, D.O.B._____, hereby authorize the release to the undersigned legal advocate and the Homeless Advocacy Project ("HAP"), 1429 Walnut Street, 15th Floor, Philadelphia, PA, 19102, its agents and employees, of the following information:

1) Any and all records, files, documents, correspondence and other information concerning social services I have received;

2) Any and all records, files, documents, correspondence and other information concerning my financial and employment history and or/my receipt of benefits from any local, state, or federal agency;

3) Any and all records, files, documents, correspondence and other information pertaining to the legal matters with which I have requested assistance.

This release further authorizes you to permit the undersigned legal advocate and any other agent or employee of HAP to make and keep copies of any of the documents listed above, and to discuss my case with my advocate or any other agent or employee of HAP.

A copy of this document shall have the same effect as an original. This authorization is subject to revocation at any time except to the extent that information has been disclosed in reasonable reliance on it.

This authorization shall be in full force and effect for a period of one year from the date it was signed by me.

Executed this _____ day of _____, 202____.

_____ _____
Name (Please Print) Advocate (Please Print)

_____ _____
Signature Signature

LEGAL SERVICES TO END HOMELESSNESS
1429 Walnut Street, 15th Floor
Philadelphia, PA 19102
215-523-9595 (phone)
215-523-9599 (fax)

RELEASE OF INFORMATION AUTHORIZATION

I, _____, on behalf of my child/or as the legal guardian of_____, D.O.B._____, hereby authorize the release to the undersigned legal advocate and the Homeless Advocacy Project (HAP), 1429 Walnut Street, 15th Floor, Philadelphia, PA, 19102, its agents and employees, of the following information:

(1) Any and all records, files, documents, correspondence and other information concerning the social services received;

(2)Any and all records, files, documents, correspondence and other information concerning the above named child's educational, financial and employment history and/or his or her receipt of benefits from any local, state, or federal agency;

(3)Any and all records, files, documents, correspondence and other information pertaining to the legal matters with which I have requested assistance.

This release further authorizes you to permit the undersigned legal advocate and any other agent or employee of HAP to make and keep copies of any of the documents listed above, and to discuss my case with my advocate or any other agent or employee of HAP.

A copy of this document shall have the same effect as an original. This authorization is subject to revocation at any time except to the extent that information has been disclosed in reasonable reliance on it.

This authorization shall be in full force and effect for a period of one year from the date it was signed by me.

Executed this _____ day of _____, 20___.

_____ Name (Please Print)

_____ Advocate (Please Print)

_____ Signature

_____ Signature

Updated: 3/2025

AUTHORIZATION FOR RELEASE OF BIRTH CERTIFICATE

I, _____, by signing and dating this document below,

hereby authorize the release of my birth certificate to my attorney,

_____

_____ _____

SIGNATURE DATE

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____

NOTARY