

## LTFC Stakeholder Questionnaire - Legal Service Provider

Interview Details	
Program Name:	Interviewer:
Stakeholder Name:	Date/Time of Interview:
	Type of Interview (phone, in person):

Note: Before beginning the interview and/or providing this questionnaire to stakeholders, provide a brief introduction, including monitor role and purpose of monitoring visit, overview/purpose of interview, and clarify any questions. See *Introduction Prompt for Stakeholders* for additional guidance as needed.

Notes	
<p><b>Please describe your primary role and responsibilities as they relate to this care provider.</b> (What is the function of the interviewee as it relates to legal services for this care provider?)</p>	
<p><b>How is the referral process?</b></p> <ul style="list-style-type: none"> <li>o How long does it typically take you to review cases?</li> <li>o Are there specific barriers or issues related to UAC obtaining legal relief in your jurisdiction?</li> </ul>	
<p><b>When youth enter LTFC, have you had any communication issues with their previous attorneys? If so, please explain.</b></p>	

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR Monitoring Team staff to interview and document responses from legal service providers during biennial site visits. Public reporting burden for this collection of information is estimated to average 0.75 hour per response (plus an additional 0.75 hour if the site visit is performed by a contractor monitor), including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).

<b>Are you provided with everything you need to conduct Know Your Rights, legal screenings, etc.?</b> <ul style="list-style-type: none"><li>o A private place to do legal screenings?</li></ul>	
<b>How are you informed of new arrivals/discharges?</b> <ul style="list-style-type: none"><li>o Are you informed in a timely manner?</li></ul>	
<b>How is the communication with program staff?</b> <b>With which staff members do you have regular interaction and/or communication?</b>	
<b>Do program staff provide or coordinate transportation for UAC to attend meetings, hearings, etc.? Have there been any issues with transportation?</b>	
<b>Are you made aware of incidents that may impact an UAC's legal case (ex. age outs, runaways, SIRs, etc.)?</b> <ul style="list-style-type: none"><li>o How are you made aware of incidents?</li></ul>	
<b>Do you have any other issues or concerns to share with us?</b>	

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**Additional Notes**

Enter Additional Notes.