ON THE MOVE

ANNUAL REPORT 2016



LEGAL COUNCIL FOR HEALTH JUSTICE

AIDS Legal Council Chicago Medical-Legal Partnership for Children Homeless Outreach Project

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FROM THE EXECUTIVE DIRECTOR

THOMAS D. YATES, ESQ.

Over the last twelve months, the work of Legal Council for Health Justice has had the broadest and most significant impact in our history. This past year we saw a significant increase in clients, meaning that the Legal Council provided free, expert legal assistance to over 1,800 individuals and their families—a record in our history spanning nearly three decades.

The Council's client-centered "legal care" model has made us a national leader in providing services to people who have nowhere else to turn—allowing us to help those who are least able to help themselves.

Take two of our most recent court cases—*M.A. v. Norwood* and *O.B. v. Norwood*—involving in-home nursing care for 1,200 children in Illinois with significant medical impairments. Instead of providing these kids with services required by federal law, the state left them desperate for help. In some cases, children have stayed in hospitals for months after they were cleared for discharge home to their families because the state failed to provide home nursing. In other cases, parents have placed themselves in personal peril caring for their children without needed nursing services. Some parents have been forced to hospitalize themselves or their children after literally wearing themselves out, attempting to care for their children without home nursing services. And in the most extreme cases, the state abruptly tried to cut off home nursing services for hundreds of children, violating each child's federal and constitutional rights.

Through our work, the state is under court order to protect the rights of these children and their families. These cases—along with the direct legal services, educational outreach, and policy initiatives—embody the vision of the Legal Council: helping those who are least able to help themselves.

We now offer free legal assistance at more than a dozen sites across the region. Our pioneering medical-legal partnership model means that clients can get help at the same location where they receive their primary care.

Your support means that the Legal Council's HIV, children's, and homeless programs will continue to expand and have tremendous impact in our communities.

Looking to the Legal Council's 30th anniversary next year, your support will allow us to do even more, expanding our work to serve more people than ever before.

Kind regards,

Tom Yates, Executive Director



PROGRAM HIGHLIGHTS

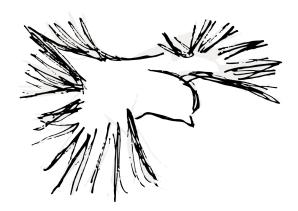
AIDS LEGAL COUNCIL

In addition to providing free, immediate legal assistance to over 900 individuals impacted by HIV, as well as conducting free legal trainings to hundreds of people across Illinois, our AIDS Legal Council (ALC) program engaged in significant policy work on behalf of people with HIV in fiscal year 2016.

DISCRIMINATORY CRIMINAL TRANSMISSION OF HIV LAW: ALC staff spent many months in high-level meetings with a team of Chicago's finest legal minds — from Lambda Legal, ACLU, Center on Halsted, and AIDS Foundation of Chicago — in an effort to develop a strategy to address Illinois's highly problematic Criminal Transmission of HIV law. That law unfairly singles out people with HIV for felony prosecution if they engage in certain types of sexual or needle-sharing behaviors, even though people with other serious infectious or communicable diseases would not be prosecuted for precisely the same behaviors. While the law was amended a few years back, thanks in large part to the efforts of this same team of advocates, to make it somewhat less awful (the old version of the law made spitting, biting, and even kissing felonies for people with HIV), more work needs to be done. But given the contentious nature of the issue, as well as the budget crisis in Springfield, finding consensus on when and how to introduce legislation is tremendously difficult. The Council will continue to make this issue a legislative priority in the year ahead.

INSURANCE ENROLLMENT ADVOCACY: ALC staff offered health insurance enrollment assistance to hundreds of clients and partners at TPAN, Howard Brown, Mercy Hospital, CORE Center, and Austin Health Center. By analyzing Marketplace plans for their networks, prescription costs, and compatibility with Medication Assistance and Premium Assistance programs, we guided clients to the plans that best met their needs.

We also fought for clients by appealing incorrect eligibility determinations, providing supportive documentation for tax credits, ensuring smooth coverage



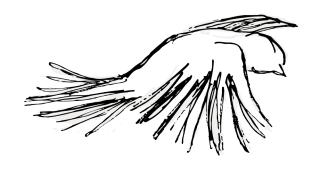
transitions, and educating clients and providers on how to navigate their health insurance plans. With plan costs and structures changing every year, the demand for our help and expertise remains strong. Because many in our community do not have a steady income, our staff continuously screened clients for eligibility for other public benefits, as callers contacted us with insurance questions. Whether a client was undocumented, self-employed, or experiencing a considerable life event, we were there to provide options for medical coverage.

For Medicaid-eligible individuals, ALC staff completed initial enrollments, guided clients through Medicaid managed care plan choices, and as always, were there to appeal any service denials. We informed clients and providers on their Medicaid rights, coordinated single-case agreements for clients to continue seeing out-of-network specialists, and fought for individuals 'locked into' poorly matched managed care plans.

PROTECTING ACCESS TO HEALTH INSURANCE FOR HIV-POSITIVE INDIVIDUALS:

ALC successfully negotiated with the Illinois Department of Public Health (IDPH) to prevent them from terminating premium assistance payments to HIV-positive individuals in the Ryan White program. In November 2015, IDPH issued a poorly worded and confusing notice to participants in the Ryan White Part B premium assistance program, informing them that they had to change health insurance plans or they would be terminated from the program. The timing of this change was mishandled by the state agency, so many participants did not get notice of the need to change their insurance plan until after open enrollment was over.

This change affected dozens of our clients, who upon receiving IDPH notice were terrified that they would lose health insurance and thus the access to necessary medications. The HIV team worked together to file appeals with the Federal Marketplace and the Illinois Department of insurance. Additionally, we negotiated with IDPH to prevent them from terminating any of the affected clients. As a result of our intervention, our clients kept their Ryan White benefits which enabled them to stay on their health insurance plans.

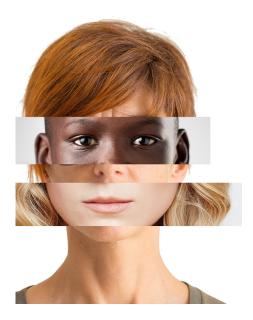


MICHELLE CLIENT SPOTLIGHT

Michelle finds out she's pregnant with her first child, so she heads over to a major hospital to begin prenatal care. Her doctor wisely counsels her to get an HIV test as part of her prenatal work-up. It turns out that Michelle is HIV-positive. This has a devastating emotional effect on her. She feels ashamed and is terrified of how her family might react. The one person she trusts with the information is her father. When she tells him, he's supportive. This is a significant relief for Michelle.

Fast-forward nine months and she is rushed to the hospital for delivery, Right away Michelle asks for her entire care team to assemble, and explains that she is fearful of her HIV status being disclosed to anyone who might visit her in the hospital. She explains that only her father knows, and that no one on the care team should talk about her HIV status in front of anyone else. Nonetheless, the following day, as she is recuperating from delivery and her brother is in her hospital room visiting, her pediatrician enters the room and tells her that her baby's HIV test has come back negative. Her brother couldn't help but overhear, and is so upset that he has to leave the hospital. HIV disclosure is a blatant violation of the law. Not only do healthcare providers know this, but Michelle went out of her way to emphasize the importance of confidentiality. HIV disclosure can be devastating for clients in many different ways.

The Legal Council went to work on Michelle's behalf. Thankfully, we were able to negotiate a settlement. This means that Michelle avoided being dragged through the indignity of a public court battle. She can now focus on herself and providing care and stability to her healthy young child.





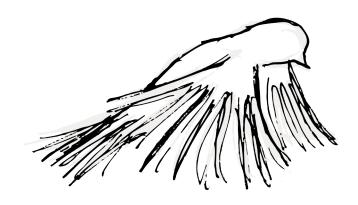
CHICAGO MEDICAL-LEGAL PARTNERSHIP FOR CHILDREN

MAKING A DIFFERENCE FOR KIDS WITH ASTHMA: In Illinois, nearly 1 in 6 children have asthma, but over 75% of those children do not have their asthma under control. Asthma is a common chronic lung condition that can be controlled through proper medication management and trigger avoidance. However, it is a leading cause of school absenteeism. Children with asthma miss twice as many school days as other children, on average. To help children with this chronic condition, Legal Council for Health Justice, Chicago Asthma Consortium, and Respiratory Health Association worked collaboratively on a new law to help schools prepare for asthma attacks in school.

The legislation (*Public Act* 99-0843) requires every school to request an asthma action plan from parents or guardians of a student with asthma. For the children who do not have action plans, school districts must implement their own asthma emergency protocol. In addition, the law requires school staff to complete asthma training every two years. Because of advocates at the Legal Council, all schools in Illinois will now have a plan to protect children with asthma.

LIFE-SAVING IN-HOME NURSING CARE FOR CHILDREN: In Illinois, more than 1,200 children have been approved for in-home nursing services through Medicaid based on their high level of medical need. Many of these children are dependent on complex medical regimens for routine bodily functions, such as eating, drinking, breathing, and oxygen regulation. However, in numerous cases last year, the Illinois Department of Healthcare and Family Services (HFS) failed to arrange for in-home nursing, resulting in unnecessary and costly institutionalization, heightened risk of medical complications, and diminished quality of life.

Attorneys from our Chicago Medical-Legal Partnership for Children program brought the case *O.B. v. Norwood* along with the National Health Law Program and private attorney

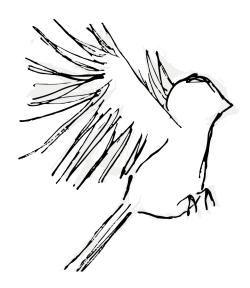


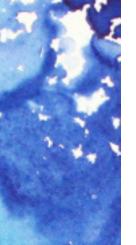
Robert Farley, Jr., to challenge HFS, alleging that Illinois' failure to provide adequate nursing services seriously risks the health and safety of these children. In September, the U.S. Court of Appeals for the Seventh Circuit upheld the preliminary injunction of district Judge Charles P. Kocoras, ordering HFS to "take immediate and affirmative steps" to provide in-home nursing care to children with severe medical needs.

This case promises to help medically-complex children to return to their homes and receive the nursing care they deserve in the community—at far less cost than being institutionalized.

NEW CHILDREN'S BEHAVIORAL HEALTH PARTNERSHIP: Many children and families with mental health conditions face overwhelming social barriers further corroding their mental health and stability, such as poverty, poor education, community violence, and child welfare involvement. Placing an attorney on a child's treatment team promotes early identification and intervention to address the root causes of these social barriers, helping improve and stabilize the child's mental health outcomes. That's why in February 2016, Legal Council for Health Justice launched a child behavioral health partnership with Sinai Health System's Under the Rainbow (UTR) program.

UTR is a child and adolescent outpatient behavioral health clinic at Mt. Sinai Hospital that serves children and families in the impoverished South Lawndale, North Lawndale, Pilsen, and Little Village communities of Chicago. This partnership, fostered by staff attorney Amanda Walsh, represents the first pediatric behavioral health medical–legal partnership in Illinois. By combining law, psychology, social work, and medicine, the new Under the Rainbow partnership helps children and families address the social determinants of mental health, achieving lasting solutions to complicated issues.





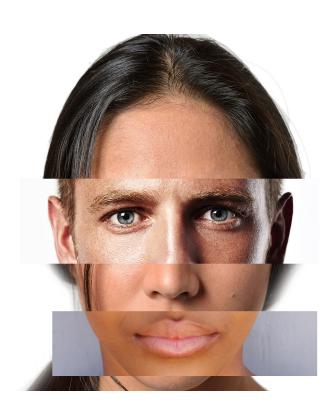
JANAE AND WILLIAM

CLIENT SPOTLIGHT

When Janae gave birth to William, things didn't go exactly as planned. William was born premature and needed a hernia surgery. But for some reason, Janae could not get him a medical card to pay for the hospital bills. She was also having trouble getting other public benefits to supplement her poverty-level income.

Through the help of her community health worker, Janae and William were referred to the Legal Council. After many phone calls, meetings, and much research, our legal staff discovered that because Janae was adopted, the Illinois Department of Children and Family Services was causing a roadblock with Medicaid and other public benefits. We helped Janae fill out paperwork, and through our combined efforts, Janae was able to get a medical card, food stamps, and additional income through the Women, Infants, and Children program.

While Janae works hard at her job, she earns a very low income and the hours are difficult. Because of the help she is receiving, she has more flexibility to take care of her new baby and eventually find a better job. More importantly, William can have his necessary surgery and checkups to make sure he is a happy and healthy boy.



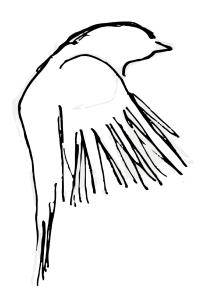


PROGRAM HIGHLIGHTS

HOMELESS OUTREACH PROJECT

DELIVERING FOR THE LONG-TERM HOMELESS: Our small Homeless Outreach Project (HOP) secured 82 awards of disability benefits for clients in 2016. For many of our clients, life-changing benefits make all the difference between living on the streets and being housed. This essential income better enables people to participate in and engage in recovery efforts to manage serious mental health conditions and overcome the adverse effects of childhood and adult trauma.

An example of our unique outreach and intensive service model illustrates how we do what we do and why it matters: A concerned person contacted HOP staffer Kate Miller regarding a homeless man who was living under the I-94 overpass at North Avenue. Kate went looking for the gentleman under the freeway and found him—in his tent with a layer of well-worn clothes and refuse around him. He stayed in his tent while Kate talked with him about trying to help him obtain disability benefits. He was willing to sign paperwork that enabled Kate to work as his representative and file and receive paperwork on his behalf. Kate worked with the Disability Determination Unit in Springfield and arranged for a medical evaluation appointment. Knowing the client was unable to attend the downtown appointment on his own, Kate met him under the overpass and gave him a ride to the appointment. While on the way, the client did not speak at all and walked about ten paces behind Kate, with his eyes cast downward. Once they arrived at the doctor's office, the client asked Kate to go into the examination room with him. The client had significant physical ailments but what was most striking was his disorientation to time and place—he didn't have any narrative structure or ability to tell his story or convey his medical history. After the exam, Kate accompanied the client to a café where they completed essential, supportive paperwork. Concerned with the client's acute vulnerability and poor heath, Kate also connected him to a mental health outreach team.



We succeeded in securing his disability benefits and he is now housed and has stable income after 26 years of being homeless. He still struggles to sleep indoors and at times returns to sleeping outside but he is receiving regular medical care and mental health services.

TRAININGS THAT HAVE REAL IMPACT: In December 2015, Project Director Lisa Parsons provided a training to Empire Justice Center legal services attorneys in New York regarding trauma exposure and disability benefits advocacy for persons with serious mental illness. Landmark research has established how adverse childhood experiences and other trauma is incredibly impactful on the lives of those exposed to it. Trauma impacts brain circuitry, aptitude for learning and retaining information, susceptibility to illness and stress, the risk of substance abuse and misuse, and the capacity to maintain healthy relationships. The result is measureable in failed educational achievement, low vocational accomplishment, involvement in the justice system, unstable personal and familial relationships, high rates of disability and often chronic homelessness and instability. Lisa presented various topics, including:

- 1. The impact of trauma and toxic stress on a person's lifelong physical and mental health;
- 2. Trauma-informed lawyering; and
- 3. Integrating trauma research and applying a trauma lens to various Social Security rulings and regulations regarding disability determinations.

In April 2016, Lisa also presented via webinar in a National Medical-Legal Partnership training for advocates regarding trauma-informed lawyering.

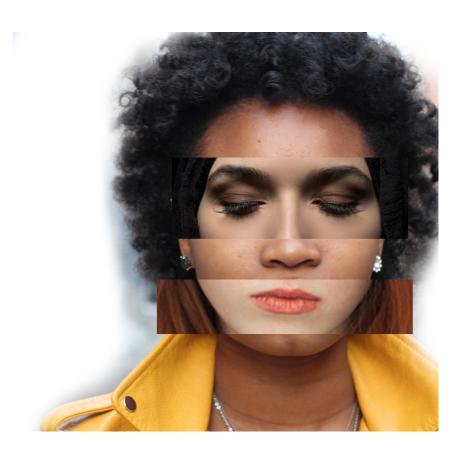


JAMIE CLIENT SPOTLIGHT

Jamie is in her twenties and has faced homelessness since the age of 12. She suffers from severe psychotic disorder and drug addiction, and has just a 7th-grade education. Over the past few years, Jamie has been in and out of prison. When not in prison, she has found shelter from Chicago's brutal weather extremes in abandoned buildings throughout the city.

Our Homeless Outreach Project staff learned of Jamie's situation and she agreed to meet with us while at a local hospital. Following that first meeting, we were able to secure Jamie's medical and treatment records, which is the first big step toward a stable life for her. We then assisted her in filing for Social Security disability benefits, which will help Jamie eventually get back on her feet. Also, she is now in a women's treatment center. We have been making regular visits to the treatment center and are working collaboratively with the staff there toward the goal of securing medical insurance, long-term supportive housing, and some income for Jamie.

Jamie is now sober and receiving mental health care. We will continue to work with Jamie and fight on her behalf to ensure she has the opportunity to build a better life.



BOARD OF AMBASSADORS

INCREASING AWARENESS AND SUPPORT

Our Board of Ambassadors is a diverse group of dedicated professionals who help to increase awareness of the Legal Council and to support its services for low-income people with HIV and other chronic, disabling and stigmatized health conditions, as well as our educational initiatives and advocacy programs.

AMBASSADORS

Caroline Bilicki

Lauren Carter

Allison Castillo

Maggie Connell

Stacey Dembo

Angelo DiBartolomeo

Mary Hogue

Kevin Keene

Bob Kovats

Sarah Marmor

Chris McAdam

Jon Motto

Craig Nadborne

Rachel O'Konis Ruttenberg

Alex O'Malley

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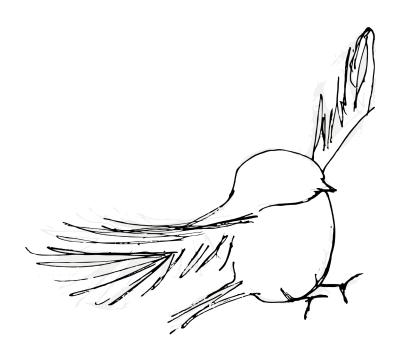
Anthony Todd

Patti Werner

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Charlie Wintersteen

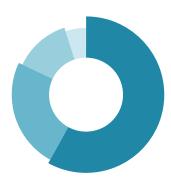
Sue Yellen



CLIENT & CASE PROFILE

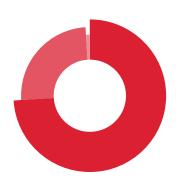
CLIENTS: 1,823 / CASES: 2,760

RACE





GENDER



| Male | 74% |
|--------------------------------------|-----|
| Female | 25% |
| Transgender/gender non-conforming | 1% |

HOUSING STATUS



| Stable Housing | 64% |
|------------------|-----|
| Unstable Housing | 23% |
| Homeless | 5% |
| Unknown | 8% |

AGE

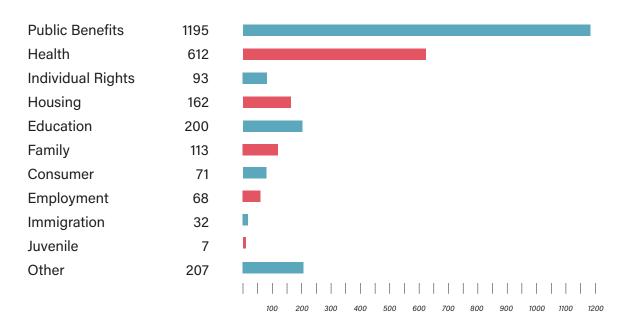


| 0 to 5 | 9% |
|----------|-----|
| 6 to 11 | 7% |
| 12 to 15 | 3% |
| 16 to 24 | 5% |
| 25 to 44 | 25% |
| 45 to 64 | 24% |
| 65+ | 27% |

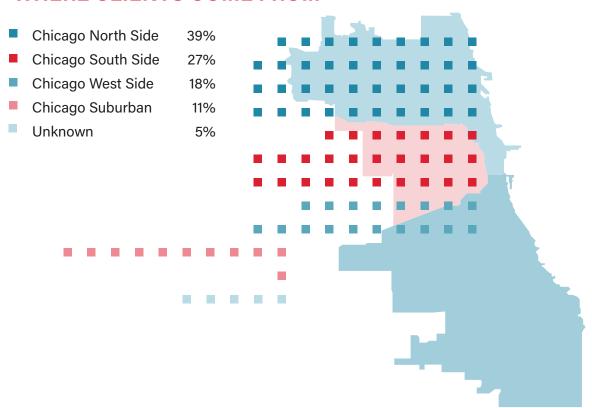
CLIENT & CASE PROFILE

CLIENTS: 1,823 / CASES: 2,760 (CONTINUED)

CASE TYPE BY NUMBER



WHERE CLIENTS COME FROM





FUNDING & ADMINISTRATION

JULY 1, 2015, THROUGH JUNE 30, 2016

| Expenses by Category | | |
|----------------------|-----|-----------------|
| Program Services | 78% | \$ 1,550,700 |
| Fundraising | 12% | \$ 248,582 |
| Administration | 10% | \$ 193,821 |

TOTAL EXPENSES

100%

1,993,103

| Revenues by Category | | | | | | |
|---|-----|----|---------|--|--|--|
| Government | 32% | \$ | 677,272 | | | |
| Non-government grants and contributions (including individuals) | 28% | \$ | 601,220 | | | |
| Program services fees | 18% | \$ | 374,888 | | | |
| Assets released from restrictions | 17% | \$ | 367,083 | | | |
| Special events | 5% | \$ | 105,950 | | | |
| Earned interest | <1% | \$ | 1,830 | | | |

TOTAL REVENUE

100%

\$ 2,128,243

FINANCIAL STATEMENT

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS: YEAR ENDED JUNE 30, 2016

| | ĺ | Unrestricted | | Temporarily Restricted | | Total | |
|---|----------------------------|--------------|----|---------------------------|----|-----------|--|
| Revenues and other suppo | Revenues and other support | | | | | | |
| Government grants | \$ | 677,272 | | _ | \$ | 677,272 | |
| Non-government grants and contributions (including individuals) | \$ | 601,220 | \$ | 436,000 | \$ | 1,037,220 | |
| Special events | \$ | 105,950 | | - | \$ | 105,950 | |
| Program services fees | \$ | 374,888 | | _ | \$ | 374,888 | |
| Earned interest | \$ | 1,830 | | _ | \$ | 1,830 | |
| Net assets released from restrictions | \$ | 367,083 | \$ | (367,083) | | _ | |
| Total Revenue | \$ | 2,128,243 | \$ | 68,917 | \$ | 2,197,160 | |

| Expenses | | | |
|--|-----------------|---------------|-----------------|
| Program Services | \$ 1,550,700 | _ | \$ 1,550,700 |
| Administrative | \$ 193,821 | _ | \$ 193,821 |
| Fundraising | \$ 248,582 | _ | \$ 248,582 |
| Total expenses | \$ 1,993,103 | _ | \$ 1,993,103 |
| Change in NET assets | \$ 135,140 | \$ 68,917 | \$ 204,057 |
| NET assets, beginning of year (restated) | \$ 1,280,455 | \$ 294,000 | \$ 1,574,455 |
| NET assets, end of year | \$ 1,415,595 | \$ 362,917 | \$ 1,778,512 |

JUSTIN HAYFORD

25TH ANNIVERSARY WITH THE COUNCIL

REFLECTING ON A QUARTER CENTURY AT THE LEGAL COUNCIL

In my first week at AIDS Legal Council, 25 years ago, I took two calls back to back. First, a successful LaSalle Street banker told me that after his landlord found out he had HIV, the locks on his apartment were changed, his possessions thrown in the alley, his car tires slashed. Reeling from that conversation, I took a second call. A man needed a simple will to ensure his meager possessions would go to his niece, the only family member who still spoke to him after he was diagnosed with HIV. This second case seemed comparatively easy, until he handed the phone to his nurse — it turned out the man was hospitalized — who explained in hushed tones that her patient wouldn't last the night.

Within minutes I found an attorney at a big law firm who promised to "wipe the floor with that rental agency" (she did, and charged nothing, like so many attorneys over the years). Then the legal director and I jumped on the train to see our hospitalized client. He'd been a day laborer all his adult life. Now he was exhausted and emaciated — there was almost nothing left of him. We completed his will, and as we were leaving he said to me, "I think that's the only thing in my life I ever finished."

That was a typical day in the early years of AIDS Legal Council. The mistreatment of people with HIV was rampant, pernicious, and widespread. In addition to daily indignities, people with HIV faced extremely uncertain futures. Our clients and colleagues died with numbing regularity.

Today, as I celebrate 25 years as a legal advocate with the Council, the outlook for most people with HIV is very different. Someone diagnosed with HIV can now reasonably expect a normal lifespan. This sea change is due not only to advances in medicine but, just as importantly, advances in social service advocacy. It's taken an army of lawyers, paralegals, social workers, case managers, peer educators, activists, and advocates to stabilize the lives of people with HIV, especially when those lives are hobbled by generational poverty, mental illness, and governmental neglect. Without a stable life, you can't make regular doctor appointments, adhere to a complicated pharmaceutical regimen, or access the medical care that can save your life.

Once upon a time, the Council helped people die with dignity. **These days we help people build better lives.** But even with unfettered access to state-of-the-art medical care and expert social services, the odds are stacked against most of my clients. The substandard education they received, the debilitating effects of institutionalized racism



they endure, the still-pervasive animus directed against them simply because they harbor a particular retrovirus, all conspire to give them far less than a fair chance at full, productive lives.

But I believe my clients deserve that fair chance — and that I'm obliged to create the opportunity for them to take it. And that's precisely what we do today. We help our clients secure income, employment, health insurance, education, disability benefits, and medical care. We protect their right to confidentiality. We fight byzantine bureaucracies to make sure our clients can meet their essential needs. Without us, they'd often be left destitute.

We help build better lives — lives that 25 years ago our clients couldn't imagine.

As you know, AIDS Legal is now one of three programs with the Legal Council for Health Justice. In addition to providing the legal services we've always provided to people with HIV, we now deliver legal advocacy to children with complex medical and developmental problems, as well as homeless individuals with chronic mental illnesses. As you might imagine, these new clients face many of the same systemic obstacles that have made the lives of our HIV-positive clients so difficult. It's gratifying to see how many more people we can now help to secure a fair chance at a decent life.

Too often the lives of our clients hang by a thread. One erroneous Medicaid denial can cut the thread. One unjust Social Security termination can cut the thread. One discriminatory doctor can cut the thread. One ignorant landlord can cut the thread. And when that happens, our clients plummet — and they face futures as perilous and dire as those our clients faced 25 years ago.

There is a precipice over which our clients can be drawn — not just our clients with HIV, but those with a broad range of chronic and stigmatizing conditions. At the Council, it's our job to be a bulwark between our clients and that precipice. To stand rooted, so that we can promise our clients, "You will not fall. We will not let you." Thank you—our generous supporters—for making that promise to our clients possible.

Justin Hayford Legal Advocate, AIDS Legal Council program



COMMUNITY SUPPORT

JULY 2015 TO JUNE 2016

GOVERNMENT SUPPORT

Ryan White HIV/AIDS Program, Parts A & B
Illinois Department of Public Health
City of Chicago Department of Family and Support Services

FOUNDATION SUPPORT

\$100,000 +

Lawyers Trust Fund of Illinois

\$50,000-\$99,999

Chicago Bar Foundation McCormick Foundation Polk Bros. Foundation

\$30,000-\$49,999

AIDS Foundation of Chicago
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Equal Justice Works
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United Way of Metropolitan Chicago

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Reed Smith LLP
Seyfarth Shaw LLP
Sidetrack
Sinai Health System
Toolbox, Inc.
Wintersteen & Associates LLC

INDIVIDUAL SUPPORT

JULY 2015 TO JUNE 2016

The listing reflects gifts made during the 2016 fiscal year. (July 1, 2015 to June 20, 2016). We apologize for any inadvertent omissions—we appreciate all our supporters!

\$10,000+

Smith T. Powell, IV & Eva Janzen Powell

\$5,000-\$9,999

Christopher Dickinson & Doug Lee Thomas Dunn D. Matthew Feldhaus

\$2,500-\$4,999

Drs. Glenn Arakaki & Robert Jespersen Bryce Cooper Mark & Paul DeBofsky Stuart I. Graff & Rob Chambers James Perry & Robert Horton

Josh & Jennifer Lee Michael Leppen Philip Tortorich

Dr. Daniel Robinson Andrew Skiba Mike Sullivan Charles Wintersteen Sue & Larry Yellen

\$1,000-\$2,499

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SAVANNAH & OLIVER

CLIENT SPOTLIGHT

Savannah is a hard-working mother and a natural caretaker. She runs a daycare out of her home to provide for Oliver, her 8-year-old son. Because Oliver has behavioral disorders and an eating disorder, Savannah must take him to regular medical appointments. These frequent trips to the doctor made running an in-home daycare difficult, and without other income or support, Savannah didn't know what to do. She had to miss Oliver's appointments or close the daycare, leaving her with no good options.

Luckily, she found the Legal Council to help her find a solution. Our advocates brainstormed and decided to fight for Social Security (children's SSI) payments. After our argument in court, the judge announced he would make a fully favorable decision. Now that disability benefits will be awarded for Oliver's conditions, Savannah can hire an assistant to supervise the daycare when she takes her son to appointments.

As this success points out, Social Security helps the whole family. Because of Oliver's Social Security payments, he can make every appointment, and his mom doesn't have to worry about missing a paycheck.

What's more, Savannah came to us because she is HIV-positive. The growth and expansion of the Legal Council affords us more and more opportunities to successfully identify and resolve health-harming legal needs of adults, children, and families with all sorts of chronic, disabling, and stigmatizing health conditions.



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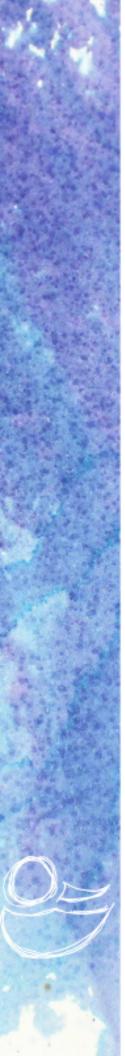
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