

Financial Education Intake Survey

All information you provide during any class or one-on-one session will be kept confidential.



First Name: _____ Last Name: _____ Start Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Gender: Female Male

Ethnicity: African American Caucasian Hispanic or Latino
 Asian Native American Mixed or Other

Highest Level of Education: K-12 High School Diploma or GED Some College
 Certificate 2-Year Degree 4-Year Degree Graduate Degree

Are you currently a student at Austin Community College? Yes No

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Do you live in a Foundation Communities property? Yes No

If yes, which one? _____

Number of people living in your household (including yourself, spouse/partner, children, etc.): _____

Do you own or rent where you live? Own Rent Other: _____

Check the public benefits you or anyone in your household currently receives:

SNAP WIC Medicare CHIP Medicaid MAP
 HACA Housing Choice Voucher HACA Public Housing Other: _____ None

Are you self-employed or did you receive a 1099-MISC from an employer? Yes No

All Family Members Living in Same House as Client Who Share an Income	Relationship	Date of Birth	Source of Income	Gross Income for the Last 30 Days
(Please list every family members, even if they do not earn an income)			(Employer, TANF, Social Security Benefits, Unemployment, etc.)	(before taxes and deductions)
	Self			
TOTAL FAMILY INCOME FOR LAST 30 DAYS:				

Do you participate in your employer's retirement plan (401(k), 403(b), pension)? Yes No Not Applicable

If yes, type of account _____ Approximate Value _____

Do you have any investments outside of your employer's retirement (IRA, 529 College Savings, stocks, bonds, etc.)?

Yes No

If yes, type of account _____ Approximate Value _____

Do you have a checking account? Yes No

Do you have a savings account? Yes No

If yes, what is the current balance in your savings account?: _____

Do you regularly make deposits into your savings account? Yes No Not Applicable

Do you currently use any of the following services?

- | | | |
|--|---|---|
| <input type="checkbox"/> Pay Day Loans | <input type="checkbox"/> Short Term Cash Loans | <input type="checkbox"/> Auto Title Loans |
| <input type="checkbox"/> Pawn Loans | <input type="checkbox"/> Check Cashing Services | <input type="checkbox"/> None |
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In the last six months, I have (check all that apply):

- Created and am following a spending or budget plan
 - Created a debt reduction plan
 - Paid my bills on time
 - Reduced my debt
 - Reduced my spending
 - Set goals for my financial future
 - Made progress towards at least one goal
-

I am here because I want to (check all that apply):

- Organize my financial paperwork.
 - Create a spending plan or budget.
 - Spend less.
 - Lower my monthly bills.
 - Learn more about checking or savings account options available to me.
 - Repair or establish credit.
 - Learn about managing my money online.
 - Learn about direct deposit.
 - Save for:
 - my education
 - my child's education
 - buying a car
 - buying a house
 - emergencies or rainy day fund
 - my retirement
 - other: _____
 - Reduce the amount of debt I have. Please list dollar amount of debt in each category below.

Unpaid Medical bills: _____	Mortgage: _____
Car Loan: _____	Student Loans: _____
Collections: _____	Other: _____
Credit Cards: _____	Other: _____
-

In your words, what would you like to get out of Financial Coaching?

Do you currently have a personal budget, spending plan, or financial plan?

- Yes
- No

How confident are you in your ability to achieve a financial goal you set for yourself today?

- Not at all confident
- Somewhat confident
- Very confident

If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet within a month?

- Not at all confident
- Somewhat confident
- Very confident

Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

- Yes
- No

Over the past month, would you say your family's spending on living expenses was less than its total income?

- Yes
- No

In the last two months, have you paid a late fee on a loan or bill?

- Yes
- No

Are you required to participate in Financial Coaching or Money Management?

- Yes
- No

If yes, by which agency or program? _____

How did you hear about Financial Coaching or Money Management? _____

Letter of Agreement – Financial Coaching

Financial Coach _____ and Client _____, please initial next to each item below to indicate agreement.

_____ **Financial Coach** agrees not to solicit any client for any paid service or meet with a client at any location outside of Foundation Communities' approved locations.

Both Parties understand that Financial Coaching is a free service of Foundation Communities for anyone who qualifies. Financial Coaching is only offered at Foundation Communities and its partners' locations.

_____ **Financial Coach** agrees to provide information, guidance and support on personal finance issues. Financial Coach will not make any decisions for Client or take actions on Client's behalf.

Client agrees to maintain full responsibility for making decisions and taking actions that affect Client's financial well-being.

_____ **Financial Coach** agrees to represent Foundation Communities' Financial Coaching program while he/she is meeting with Client and agrees to provide guidance based solely on the best interest of Client.

Client agrees to exercise due diligence if following Financial Coach's advice.

_____ **Financial Coach** agrees to make the appropriate referral, including to Financial Coaching staff, when an issue is beyond the Financial Coaching program's boundaries and limitations.

Client understands that Financial Coaches cannot give advice on legal matters, bankruptcy, taxes, foreclosure, investments or any other matters requiring specialized training and licensing.

_____ **Financial Coach** agrees to keep all of Client's information confidential and not to discuss it or use it for any purpose outside of Financial Coaching.

Client agrees to share information about their finances honestly and completely in order to receive the best service.

_____ **Financial Coach** understands that financial decisions and way of life are determined by the Client, and agrees to remain free of judgment.

Client agrees to communicate with Financial Coach if Client disagrees or is not comfortable with a suggestion.

Both parties agree that if Client does not complete an action step or follow a suggestion made by Financial Coach, they will work together to find a better solution.

_____ **Both parties** agree to maintain responsibility for remembering scheduled appointments, cancel any scheduled appointment with at least 24 hour notice and otherwise be respectful of each other's time.

_____ **Both parties** agree that if a client misses two scheduled sessions without cancelling ahead of time, the client will not be allowed to continue participation in the Financial Coaching program for a period of time determined by the Financial Coaching staff.

_____ **Both parties** can contact Coaching staff with any issues or questions regarding the program. (512) 610-4026 or FinancialCoach@foundcom.org.