

Financial Education Intake Survey

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



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

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

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

Highest Level of Education: K-12 High School Diploma or GED Some College
 2-Year Degree 4-Year Degree Master's Degree

Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Do you live in a Foundation Communities property? No Yes Which one? _____

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

Do you own or rent a home? Own Rent Other: _____

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

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

SNAP Section 8 Medicare Other: _____
 TANF CHIP Medicaid None

Please list all current sources of income including both employment and non-employment income.

Source (Employer, Unemployment, Student Loans, SSI, SSDI, etc.)	How Much?	How Often? (once a year, every month, every two weeks, etc.)	Enrolled in Direct Deposit?
<i>EXAMPLE: Employer - HEB</i>	<i>\$800</i>	<i>every two weeks</i>	<i>N</i>
<i>EXAMPLE: SSDI</i>	<i>\$720</i>	<i>every month</i>	<i>Y</i>

Do you participate in your employer's retirement plan (401(k), 403(b), pension)? No Yes

Type of account _____ Approximate Value _____ Contribution per Pay Period (\$) _____

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

No Yes

Type of account _____ Approximate Value _____

Do you have a checking account? No Yes

Do you have a savings account? No Yes Current Balance: _____

Do you regularly make deposits into your savings account?

No Yes Not Applicable

Do you currently have unpaid medical bills? No Yes

How much do you owe in unpaid medical bills? _____

Do you currently use any of the following services?

Pay Day Loans / Short Term Cash Loans Auto Title Loans
 Pawn Loans Check Cashing Services None

Check all that apply. In the last six months, I have:

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

Please indicate your areas of interest below (check all that apply):

I want to get my financial paperwork organized.
 I want to create a spending plan or budget.
 I want to spend less.
 I want to lower my monthly bills.
 I want to learn more about checking or savings account options available to me.
 I want to repair or establish credit.
 I want to learn about managing my money online.
 I want to learn about direct deposit.
 I want to save for:
 my education my child's education
 buying a car buying a house
 emergencies or rainy day fund my retirement
 other: _____
 I want to reduce the amount of debt I have.
Type of debt: _____ Amount owed: _____
Type of debt: _____ Amount owed: _____
Type of debt: _____ Amount owed: _____
Type of debt: _____ Amount owed: _____
 I want to do something else: _____

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.