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.

<table>
<thead>
<tr>
<th>Source</th>
<th>How Much?</th>
<th>How Often?</th>
<th>Enrolled in Direct Deposit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Employer, Unemployment, Student Loans, SSI, SSDI, etc.)</td>
<td>(once a year, every month, every two weeks, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXAMPLE: Employer - HEB</td>
<td>$800</td>
<td>every two weeks</td>
<td>N</td>
</tr>
<tr>
<td>EXAMPLE: SSDI</td>
<td>$720</td>
<td>every month</td>
<td>Y</td>
</tr>
</tbody>
</table>
Do you participate in your employer's retirement plan (401(k), 403(b), pension)?  ☐ No  ☐ Yes

<table>
<thead>
<tr>
<th>Type of account</th>
<th>Approximate Value</th>
<th>Contribution per Pay Period ($)</th>
</tr>
</thead>
</table>

Do you have any investments outside of your employer’s retirement (IRA, 529 College Savings, stocks, bonds, etc.)?  ☐ No  ☐ Yes

<table>
<thead>
<tr>
<th>Type of account</th>
<th>Approximate Value</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Type of debt</th>
<th>Amount owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------</td>
<td>-------------</td>
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<tr>
<td>--------------</td>
<td>-------------</td>
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</tbody>
</table>

☐ I want to do something else: ______________________
Please circle the dot that best describes your feelings:

<table>
<thead>
<tr>
<th>What do you feel is the level of your financial stress today?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelming Stress</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How satisfied are you with your present financial situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfied</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do you feel about your current financial condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel Overwhelmed</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often do you worry about being able to meet normal monthly living expenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the Time</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How confident are you that you could find the money to pay for a financial emergency that costs about $1,000?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Confidence</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often does this happen to you? You want to go out to eat, go to a movie or do something else and don’t go because you can’t afford to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the Time</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How frequently do you find yourself just getting by financially and living paycheck to paycheck?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the Time</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>How stressed do you feel about your finances in general?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelming Stress</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Are you required to participate in Financial Coaching or Money Management?
☐ No ☐ Yes By which agency or program? __________________________

How did you hear about Financial Coaching or Money Management? Please check the most relevant referral source and provide their name below.
☐ Where I get my taxes done ☐ Bank On Central Texas ☐ TV/Radio
☐ Where I work ☐ Where I live ☐ My bank or credit union
☐ Another Agency ☐ Flyer/Newsletter ☐ Other: __________________________

Referral Source Name: __________________________
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 make decisions and take 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.