

Financial Coaching & Money Management Intake



The information you provide during any class or one-on-one session will not be shared with outside parties.

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

How did you hear about Financial Coaching or Money Management?

- | | |
|--|--|
| <input type="checkbox"/> Returning Client | <input type="checkbox"/> Foundation Communities apartments referral |
| <input type="checkbox"/> Family/Friend recommendation | <input type="checkbox"/> Community Financial Center referral |
| <input type="checkbox"/> Work for Foundation Communities | <input type="checkbox"/> Another organization, agency or office referral |
| <input type="checkbox"/> Online/Google Search | |
| <input type="checkbox"/> Flyer/Ad/Sign | |
| <input type="checkbox"/> Radio/TV Story | |

Name of place that referred you:

Contact Information:

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Do you live in a Foundation Communities property? Yes No If yes, which one? _____

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

Email: _____

Primary Phone Number: _____ Cell Home

How would you prefer that we send you periodic information about our Financial Programs? email text

Date of Birth: ____ / ____ / ____

Gender: Female Male Other/Non-conforming

Race: American Indian/Alaskan Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White Other not listed

Ethnicity: Do you identify as Hispanic or Latino? Yes No

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

Names of Family Members Living in Same Household (even if they do not earn an income)	Relationship	Source of Income	Gross Income for Last 30 Days (before taxes)
	Self	<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: _____	
TOTAL HOUSEHOLD INCOME			

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

<input type="checkbox"/> TANF	
<input type="checkbox"/> SNAP	<input type="checkbox"/> WIC
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> CHIP	<input type="checkbox"/> MAP
<input type="checkbox"/> HACA Housing Choice Voucher	<input type="checkbox"/> HACA Public Housing
<input type="checkbox"/> None	<input type="checkbox"/> Other: _____

Check all places where you keep money and indicate the amount you have in each type.

Place	Amount
<input type="checkbox"/> Cash on hand	
<input type="checkbox"/> Checking account	
<input type="checkbox"/> Savings account	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

Check all places where you owe money and indicate the amount you owe in each type.

Place	Amount
<input type="checkbox"/> Friend or family member	
<input type="checkbox"/> Credit card	
<input type="checkbox"/> Car loan	
<input type="checkbox"/> Student loan	
<input type="checkbox"/> Personal loan	
<input type="checkbox"/> Unpaid medical bill	
<input type="checkbox"/> Collection	
<input type="checkbox"/> Payday loan/auto title loan	
<input type="checkbox"/> Other:	

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

Budget	Credit
<input type="checkbox"/> Create a spending plan or budget	<input type="checkbox"/> Review my credit report
<input type="checkbox"/> Reduce spending and bills	<input type="checkbox"/> Improve my credit score
<input type="checkbox"/> Open a checking account	<input type="checkbox"/> Establish credit
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Debt	Save
<input type="checkbox"/> Reduce my debt	<input type="checkbox"/> Open a savings account
<input type="checkbox"/> Other:	<input type="checkbox"/> Save for emergencies
	<input type="checkbox"/> Save for a goal:
	<input type="checkbox"/> 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

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 partner 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 taking actions based on Financial Coach's guidance.

_____ **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.

_____ **Both parties** agree that if Client does not complete an action step established in financial coaching, 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.