



CENTER FOR

FINANCIAL HEALTH

FINANCIAL COACHING

Type: Tier 1A (initial session)

Tier 1B (follow-up session)

Session date: / /

Identifying information:

Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Co-client	<input type="text"/>	<input type="text"/>	<input type="text"/>

Age	<input type="text"/>	Gender	<input type="text"/>	Race	<input type="text"/>
Ethnicity	<input type="radio"/> Hispanic <input type="radio"/> Not Hispanic		<input type="radio"/> Chose not to respond		
Highest Education Level Completed	<input type="radio"/> Highschool /GED <input type="radio"/> No Highschool Dip. <input type="radio"/> Some college		<input type="radio"/> BA <input type="radio"/> Masters <input type="radio"/> Professional/PHD		
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Disabled		<input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		

Complete CFPB questionnaire:

How well does this statement describe you or your situation?	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does this statement apply to you?	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Circle Your Financial Goals:

Savings	Credit/Debt	Housing	Retirement	College and/or student loans:	Other
				<input type="text"/>	<input type="text"/>

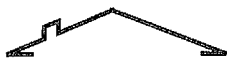
List recent successes/challenges in achieving the above goals:

Do you currently Rent
 Own
 Live with family

Note: Financial Coaching Sessions require that your Coach review your tri-merge credit report AND household budget with you so that a detailed action plan may be developed. A credit report will be pulled, with your attached authorization, in order to complete your Financial Coaching Session. You will receive a copy of your credit report from your Coach.

Attached forms include: Program Agreement and Release of Information, Authorization Form, Privacy Policy and Budget.

Version Date: 09/18



CENTER FOR

FINANCIAL HEALTH

FINANCIAL COACHING, Pre-and-Post Purchase, Tenant and Landlord Counseling

PROGRAM AGREEMENT and RELEASE OF INFORMATION

FINANCIAL COACHING PROGRAM AGREEMENT & RELEASE OF INFORMATION

In signing this agreement and release, I/We agree to actively participate in the Financial Coaching Services being offered by Center for Financial Health.

I/We understand:

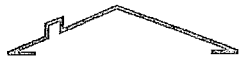
- 1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA, HUD, Neighborworks American and Balance, and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs, financial products, and loan products and I further understand that the financial coaching or services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.
5. I understand that the information I share regarding my personal situation will be treated with confidentiality and that no information will be divulged to persons or agencies not directly affiliated with the resolution of my housing and/or financial need(s).
6. I agree to assist in developing a customized Client Action Plan to resolve my housing and financial situation. I will perform all tasks in a timely manner, and I understand that my failure to do so may result in my case being closed and any assistance to which I may be entitled cancelled. Furthermore, if I make no contact with the counselor for a period of 60 days, I may be considered to have withdrawn from counseling, and my file will be closed.

CONSENT: I hereby allow staff from the Center for Financial Health to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to removing barriers to my financial wellness, or to helping me succeed as a homeowner. I further allow staff to speak on my behalf with representatives from mortgage, attorney, collection, credit bureau companies and other entities as required to facilitate resolution of my housing and/or financial need(s). Failure to sign this consent form may result in denial of program assistance or termination of coaching program benefits.

Form with fields for Client's printed name, Client's signature, Date signed, Client's current address, City, and Zip code.

To be completed by Financial Coach: Agency name: CENTER FOR FINANCIAL HEALTH, Agency phone number: 517-708-2550, Coach name: Ann Marks-Strong, Katrina Maddox, Denise Keiser, Counselor signature, Date.





CENTER FOR

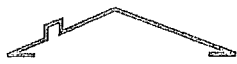
FINANCIAL HEALTH

Authorization Form

- I understand that Center For Financial Health will provide financial capability counseling/coaching services, after which I will receive a written action plan consisting of recommendations for improving my financial capability, possibly including referrals as appropriate.
- I understand that Center For Financial Health receives Project Reinvest: Financial Capability funds through the Project Reinvest: Financial Capability program and, as such, is required to share some of my personal information with Project Reinvest: Financial Capability program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
- I acknowledge that I have received a copy of Center For Financial Health's Privacy Policy.
- I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Client's signature: _____

Date: _____



CENTER FOR

FINANCIAL HEALTH

Privacy Policy in Practice

Center For Financial Health is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Initial _____ Co-Client Initial _____

MONTHLY BUDGET

(Establishing a household budget is **required** Financial Coaching Services)

DATE: _____

INCOME	PLANNED	ACTUAL
Wages		
Child Support		
Social Security/SSI/Disability		
Food Stamps/FIA income		
Other Income		
<i>TOTAL MONTHLY INCOME</i>		

FIXED EXPENSES	PLANNED	ACTUAL
Housing ~ Rent/Mortgage		
Car Loan		
Student Loan		
Personal Loan		
Child Support		
Savings		
Other Fixed Expense		
<i>TOTAL MONTHLY FIXED EXPENSES</i>		

FLEXIBLE EXPENSES	PLANNED	ACTUAL
Food ~ Groceries, Eating Out, Lunches		
Natural Gas/Propane		
Electric		
Trash Removal		
Telephone		
Cell Phone		
Automobile Gas, Oil, Antifreeze		
Auto Repair, Maintenance		
Laundry/Dry Cleaning		
Internet		
Dues/Subscriptions		
Money Orders or Cashiers Checks		
Bank or Checking Fees, ATM Fees, Check Cashing Fees		
Rent to Own		
Hair Care		
Nail Care		
Toiletries/Cosmetics		
Cigarettes		
Activities/Going Out		
Cable/Movies/Movie Rental		
Charity/Tithing		
Education		
Pets		
Allowance/Children's Activities		
Other Flexible Expenses		
<i>TOTAL MONTHLY FLEXIBLE EXPENSES</i>		

OCCASIONAL EXPENSES	PLANNED	ACTUAL
Medical		
Dental		
Vision		
Water Bill		
Vacation		
Birthdays		
Gaming / Lottery		
QVC / Home Parties		
Christmas/Holidays		
Insurance		
<i>TOTAL MONTHLY OCCASIONAL EXPENSES</i>		

DEBT REDUCTION EXPENSE	PLANNED	ACTUAL
Credit Card #1		
Credit Card #2		
Credit Card #3		
Credit Card #4		
Credit Card #5		
Other Debt Reducing Expenses		
TOTAL MONTHLY DEBT REDUCING EXPENSES		

COMPARE INCOME AND EXPENSES	PLANNED	ACTUAL
TOTAL INCOME FOR THE MONTH	\$	\$
TOTAL EXPENSES FOR THE MONTH	\$	\$
DIFFERENCE ~ GAIN/(LOSS)	\$	\$