



# United Way Center for Financial Stability

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Today's Date: \_\_\_\_\_

## CLIENT ASSESSMENT/REASSESSMENT FORM

1. Name: \_\_\_\_\_ Client

2. How many other people are there in your household? Please list them below.

Name (first, last) <b>Do not enter your</b> name on the space below	Date of Birth (mm/dd/yy)	Relationship to you (e.g. son, mother, sister, friend, roommate, ect.)	Does this person have any special needs/disability? (Y/N)
1			
2			
3			
4			
5			

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Financial Information

3. Do you have a bank account? **(check all that apply)**

- Checking
- Savings
- Joint account with another person
- No, but would like one
- No, not really interested

4. Are you aware of the bank fees on the above mentioned account(s)?

- Yes
- No

5. How do you access the money you make? **(check all that apply)**

- Check cashing
- Direct deposit
- In person deposit at bank/credit union branch
- Paid in cash
- Pay day loans
- Other: \_\_\_\_\_

6. Do you have sufficient funds in your bank account equal to 3 months of living expenses?

- Yes
- No, but would like to
- No, not really interested
- Not sure

7. How many credit cards do you have? \_\_\_\_\_
8. In total, how much do you owe on your credit cards? \$\_\_\_\_\_
9. How much do you pay on your credit cards per month?
- Total balance
  - More than minimum payment
  - Amount: \$\_\_\_\_\_
  - Minimum payment
  - Less than minimum payment

10. Are you a co-signer for any loans?
- Yes
  - No

11. What type of personal loans do you have?
- Business
  - Car
  - Educational/student
  - Friends/family
  - Home
  - Unsecured bank

12. Do you own your own business?
- Yes
  - No

13. Do you or your spouse have access and contribute to a retirement plan regularly?
- Yes, we have access and we contribute regularly
  - Yes, we have access, but we DO NOT contribute
  - No, but would like too
  - No, but I save for retirement
  - No, not really interested

14. Do you have other forms of investments? **(check all that apply)**
- Brokerage accounts (stocks, bonds, mutual funds, etc)
  - Educational savings (529 Plan, CESA, UGMA)
  - Joint investment account with another person
  - Medical savings accounts (FSA, HRA, HSA)
  - Property
  - Other\_\_\_\_\_

15. Have you changed employment position or switched jobs in the last 3 months?
- Yes
  - No

16. Have you done any of the following at least once in the past 3 months? **(check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Checked credit score                             | <input type="checkbox"/> Had a change in your health/life/home insurance | <input type="checkbox"/> organization or child's school  |
| <input type="checkbox"/> Put money in a savings account                   | <input type="checkbox"/> Wired money to a friend or family member        | <input type="checkbox"/> Overdrawn your bank account     |
| <input type="checkbox"/> Put money in a retirement account                | <input type="checkbox"/> Donated to a community organization             | <input type="checkbox"/> Paid late fees                  |
| <input type="checkbox"/> Participated in an informal pooled savings group | <input type="checkbox"/> Volunteered at a community                      | <input type="checkbox"/> Paid monthly/yearly usage fees  |
| <input type="checkbox"/> Regularly used a budget                          |  | <input type="checkbox"/> Used a money order to pay bills |
| <input type="checkbox"/> Compared prices for existing bills               |  | <input type="checkbox"/> Used a check cashing store      |
| <input type="checkbox"/> Compared prices for major purchase               |  | <input type="checkbox"/> Used a payday loan              |
|   |  | <input type="checkbox"/> Used a credit card advance      |

<b>Insurance Information</b>
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17. Do you have any of the following?
- Life Insurance
  - Living Will or Other Medical Directive
  - Last Will and Testament
  - Short term/long term disability insurance
  - Supplemental insurance
  - Renter's insurance
  - Homeowner's insurance

18. What health coverage does your household have? (select all that apply)  
*(Staff: Enter each as assessment in Work Plan)*

- |  |   |
|--|---|
| <input type="checkbox"/> Health insurance through work/self bought | <input type="checkbox"/> Medicaid or KidCare      |
| <input type="checkbox"/> Medicare                                  | <input type="checkbox"/> No coverage for adults   |
|  | <input type="checkbox"/> No coverage for children |

<b>Housing and Child Care</b>
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19. If you rent, do you have a rental agreement or lease?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

20. How much is your monthly mortgage or rent? \$\_\_\_\_\_

21. If you rent, do you want to buy a home?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

22. If you have children, do you have childcare arrangements that meet your needs?

- |   |   |
|---|---|
| <input type="checkbox"/> Yes                | <input type="checkbox"/> No, I have missed work due to lack of child care |
| <input type="checkbox"/> N/A                | <input type="checkbox"/> No, I rely on undependable family                |
| <input type="checkbox"/> No, I pay too much | <input type="checkbox"/> No, Other reason: _____                          |

23. If you do, how much do you pay for childcare per month? \$\_\_\_\_\_

24. Have you moved in the last 3 months?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

25. Has your child changed schools in the last 3 months?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

<b>Household Employment Information</b>
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Please describe the employment information of everyone in your household, use another sheet if necessary.

	Job #1	Job #2	Job #3
Employee Name:			
Title:			
Relationship to Client (self, spouse, other):			
Company Name:			
Pay: (hourly, salary, self employed)			
Date Started (mm/dd/yy):			
Hourly Rate:			
Hours Worked per week:			
Frequency of Pay (weekly, bi-weekly, monthly, commission):			

Does your income stay the same each month (Yes or No):			
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**Transportation**

26. What is your primary mode of transportation to work?

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Drive personal car         | <input type="checkbox"/> Share car with friends/family | <input type="checkbox"/> Walk/bike    |
| <input type="checkbox"/> Take public transportation | <input type="checkbox"/> Carpool                       | <input type="checkbox"/> Other: _____ |

27. Do you own an automobile?

- Yes  No

28. Are you planning to purchase an automobile?

- Yes  No

**Financial Goals and Needs**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mortgage Assistance          | <input type="checkbox"/> Career/Vocational Counseling | <input type="checkbox"/> Purchas an Automobile                       |
| <input type="checkbox"/> Debt Management              | <input type="checkbox"/> Income Tax Filing            | <input type="checkbox"/> Last Will/Health care surrogate designation |
| <input type="checkbox"/> Credit Counseling            | <input type="checkbox"/> Health Insurance             | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Money Management (Budgeting) | <input type="checkbox"/> Homeownership                | _____  |
| <input type="checkbox"/> Small Business               |   |  |
| <input type="checkbox"/> Retirement Planning          |   |  |

Tell us your financial story in three sentences:

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Follow Up:

Next Meeting: \_\_\_\_\_

ETO Entry Date: \_\_\_\_\_

FP Prepared by: \_\_\_\_\_

## Income/Expense & Net Worth Worksheet

Please provide the information for everyone in your household

Take Home Income		
	How often	How much
Employment Income #1		
Employment Income #2		
Employment Income #3		
Tip or Rental Income		
Self Employment Income		
SSI Disability		
SSA Social Security Retirement		
Alimony/Child Support		
Pension/Retirement		
SNAP/ Food Stamps		
SNAP/Cash Assistance		
VA Benefits		
Other		
<b>Total Household Income</b>		

What I Own (Assets)	
	How much it's worth (value)
<b>Cash or Cash Equivalents</b>	
Checking Account	
Savings Account	
Investments	
Other Savings	
Emergency Fund	
<b>Personal Items</b>	
Home/Principal Residence	
Cars/Vehicles	
Jewelry	
Electronics	
Antiques	
Rental/ Investment Property	
Other	
<b>Total Assets</b>	

Expenses		
Mortgage or Rent		
Food – Groceries		
Food – Dining Out		
Phone		
Electricity		
Gas (home)		
Cable TV/ Internet		
Water and Sewer		
Home/Renters Insurance		
Car/ Public Transit		
Auto Insurance		
Fuel		
Auto Maintenance		
Clothing		
Childcare		
Health Insurance		
Medications/ Medical		
Credit Card 1		
Credit Card 2		
Credit Card 3		
Other Credit Cards		
Loans (total)		
Entertainment		
Education		
Retirement Savings/401		
Other Savings		
Dependent Allowance		
Alimony		
Other		
Gifts/Holiday Spending		
<b>Total Expenses</b>		

What I Owe (Liabilities)	
	How much I owe in total
<b>Secured Debts</b>	
Rent	
1 <sup>st</sup> Mortgage	
2 <sup>nd</sup> Mortgage	
Auto Loan/Lease	
Recreation (boat, ATV, etc.)	
Past Due Taxes	
Other	
Other	
Other	
Other	
<b>Unsecured Debt</b>	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Department Store Card 1	
Department Store Card 2	
Legal Bills	
Medical Bill 1	
Medical Bill 2	
Student/Educational Loan 1	
Student/Educational Loan 2	
Personal Loan 1	
Personal Loan 2	
Other	
Other	
<b>Total Liabilities</b>	

**CFS Client Intake Assessment**  
*(this form to be completed by a staff member)*

Interview Questions

What would you like to talk about today? / What is your financial story?

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What methods have you tried already? What has worked and what hasn't worked?

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Why is this important to you? / What is most important to you? / What motivates you?

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Goals: What do you really want? / What would be your ideal outcome? / What would that look like specifically?

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What are the steps you can take to achieve your goals?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What positive behavior change are you willing to make to achieve these goals?

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How will you hold yourself accountable to these goals? How will I know once you've done it?

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