



CVOED GROWING MONEY PROGRAM CONFIDENTIAL INTAKE FORM



Name _____ SS# _____ - _____ - _____

Mailing Address with zip _____

Street Address (if different) _____

Primary phone: _____ Other phone: _____

Email (print clearly) _____

What is the best method to reach you? _____

Birth date ____/____/____ Gender: ___Female ___Male

*(required) Household's income in last 30 days: \$_____ # People in household: _____

Ethnicity: ___Prefer not to answer ___African American ___American Indian ___Asian/Pacific Islander
___Caucasian ___Hispanic ___Multi-Group ___Puerto Rican ___Other

Education: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Family Status: (check one) ___Single person ___Parent in 2-parent family
___Single parent w/ kids under 6 ___Other family member
___Single parent w/kids 6 to 18 ___Living w/ spouse or partner

Employment: ___Full time ___Part time ___Unemployed ___Student ___Other

Are you homeless?	Yes / No	Are you at risk of homelessness	Yes / No
TANF/Reach-up Benefits	Yes / No	Subsidized Housing	Yes / No
3 Squares VT (Food Stamps)	Yes / No	Public Housing	Yes / No
Food Shelf (any)	Yes / No	General Assistance	Yes / No
SSI Benefits	Yes / No	Fuel/Electric Assistance	Yes / No
SSDI/AABD Benefits	Yes / No	Disabled	Yes / No
Family Self-Sufficiency Program	Yes / No	Voc Rehab client	Yes / No
Veteran	Yes / No	Refugee/Asylee/NA	Yes / No
MBDP client?	Yes / No	In the IDA program?	Yes / No

How did you hear about us? _____
(This is very important to fill in!)

<i>For Office Use Only</i>	IDA___ Mobility Share___ SCC___ Credit Score___
	Tracker ___ RSR___ ESBG___ Vet Family Services___ None ___

INSTRUCTIONS: Please answer all questions. For dollar amounts, give your best estimate.

How financially secure do you feel now?	insecure	1	2	3	4	5	secure
How confident do you feel about your financial future?	not confident	1	2	3	4	5	confident
Do you have a checking account?	Yes / No						
Do you have a savings account?	Yes / No						
Do you save regularly ?	Yes / No						
What amount, if any, do you have in an emergency fund ?	\$ _____						
What amount do you have in other non-investment savings ?	\$ _____						
Do you use a system to track your expenses ?	Yes / No						
Do you use a system to budget your income and expenses?	Yes / No						
Are your bills current (not over 30 days due)?	Yes / No / Some						
Have you gotten your credit report in the past year?	Yes / No						
Do you have a secured credit card ?	Yes / No						
Do you know your credit rights ?	Yes / No						
Do you know what predatory lenders are?	Yes / No						
How much, if any, savings do you have in an IRA account?	\$ _____						
How much in a 401K or 403B account?	\$ _____						
How much in other investments ?	\$ _____						
Do you have assets ? House/Land value:	\$ _____						
Vehicle(s) value:	\$ _____						
Other (tools, jewelry, sports equipment, etc):	\$ _____						

How many credit cards do you have?	# of cards :	_____					
What is your credit score ?	FICO score (300-850):	_____					
Medical debt? \$ _____	In collections?	\$ _____					
Utility debt (including gas, elec)? \$ _____	In collections?	\$ _____					
Credit card debt? \$ _____	In collections?	\$ _____					
Auto debt? \$ _____	In collections?	\$ _____					
Student loans? \$ _____	In collections?	\$ _____					
Mortgage debt? \$ _____	In foreclosure?	\$ _____					
Other debt (cell phone, cable)? \$ _____	In collections?	\$ _____					

Release

I request services from Champlain Valley Office of Economic Opportunity's (CVOEO) Growing Money Program (GMP). I understand that all information about me will be held in the strictest confidence and only used anonymously in aggregated reports. I understand that these reports are critical to continued funding of this program so that others may benefit. I understand that if I've supplied my e-mail address, I will receive monthly e-mail updates from GMP until I choose to unsubscribe. I further understand that program staff may not (1) recommend goods or services in which s/he has an interest, (2) accept fees or commissions, or (3) accept gifts. In consideration of the delivery of training and other services, I waive all claims against GMP, its parent agency and their staff. I hereby certify that the information given on this form is complete and accurate to the best of my knowledge.

By signing this form, I agree to participate in all follow-up surveys and evaluations.

Signature: _____ Date: _____/_____/_____

PLEASE BRING THIS COMPLETED FORM TO YOUR FIRST CLASS!
 Or mail to "CVOEO Growing Money Program" PO Box 1603, Burlington VT 05402
 Or e-mail to growingmoney@cvoeo.org.
 If you have questions, call Libby at 802-860-1417 x114.