

CVOEO “Growing Money Program” Intake Form

Name _____

Mailing Address with zip _____

Street Address (if different) _____

Phone (H) _____ Phone (W) _____ Phone (cell) _____

Email (print clearly) _____

Birth date _____ Gender: ___Female ___Male

Ethnicity: ___Prefer not to answer ___ African American ___ American Indian ___ Asian/Pacific Islander
___Caucasian ___Hispanic ___Multi-Group ___Puerto Rican ___Other

Highest Grade Completed (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Check Services Wanted:

Spend Smart Class		Creating a Financial Future Class		Credit Report Review	
Credit Class		Individual Coaching		Educational Seminars	

I prefer: ___Daytime classes ___Evening classes ___Women only classes

Household’s current *monthly* income: \$ _____ # People in household _____

Micro Business Client? Yes / No IDA Program? ___Enrolled; ___Applied; ___Completed

Family Status: (check one) ___Single person ___Parent in 2-parent family ___Other
___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

TANF/Reach-up Benefits	Yes / No	Veteran	Yes / No
Food Stamps	Yes / No	Public Housing	Yes / No
Disabled	Yes / No	Subsidized Housing	Yes / No
SSDI/AABD Benefits	Yes / No	SSI Benefits	Yes / No
Family Self-Sufficiency Program	Yes / No	Vocational Rehabilitation client	Yes / No

How did you hear about us? ___Micro Business ___CVOEO ___IDA ___Voc Rehab ___Econ Services
___Free Tax Site ___Flyer (Where? _____) ___Free Press ___Other newspaper ___Website
___Fam. Self-Sufficiency ___CEDO ___Newsletter ___Word of mouth ___BHA ___Credit union/bank
___Other (specify) _____

Release
I request services from Champlain Valley Office of Economic Opportunity’s (CVOEO) Growing Money Program. Should I be admitted, I agree to participate in all follow-up surveys and evaluations. 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 project so that others may benefit. I further understand that project 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 the Growing Money Project, 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.

Signature: _____ Date: _____

Instructions: Please fill out this form completely, sign and date it. If you have questions, call Molly (Ext. 104) at 802-860-1417.

PLEASE BRING THIS COMPLETED FORM TO YOUR FIRST CLASS!

If you are not yet registered for a class, return form to: “The Growing Money Program” 294 N Winooski Ave, Burlington, VT 05401

INSTRUCTIONS: Please answer all questions. For \$ amounts, give your best guess. Mark “NA” if not applicable.

DO YOU:	Feel financially secure now?	Yes / Some / No
	Feel confidence in your financial future?	Yes / Some / No
	Feel stress about money?	Yes / Some / No
	Have financial goals ?	Yes / No
	Have checking account ?	Yes / No
	Have savings account ?	Yes / No
	Have money market account?	Yes / No
	Have debit card ?	Yes / No
	Balance your checkbook ?	Yes / No
	Are you closed out from having a bank account?	Yes / No
	Use electronic banking ?	Yes / No
	Use other banking ?	Yes / No
	Use internet only or out of state banks?	Yes / No
	Save regularly ?	Yes / No
	Emergency fund savings amount:	\$
	Other savings amount:	\$
	My assets are: House	\$
	Car(s)	\$
	Other (boat, jewelry, musical instruments, etc.)?	\$
	Keep regular financial records ?	Yes / No
	Track your expenses ?	Yes / No
	Budget your income and expenses?	Yes / No
	Reduce unnecessary expenses ?	Yes / No
	Are your bills current (not over 30 days due)?	Yes / No
	Do you need to do credit repair ?	Yes / No
	Are you working with a credit counselor ?	Yes / No
	Mortgage debt?	\$
	Credit Card debt?	\$
	Medical debt?	\$
	Utility debt (including gas, elec)?	\$
	Cell/mobile phone?	\$
	Student loans?	\$
	Auto debt?	\$
	Other debt (store charges, family loans, etc.)?	\$
	Debt in collection accounts ?	\$
	Have credit card(s) ? # of cards :	
	Have secured credit card ?	Yes / No
	Got credit report in the past year?	Yes / No
	What is your credit score ? FICO credit score :	
	Know my credit rights ?	Yes / No
	Use predatory lenders ?	Yes / No / Don't Know
	Got a credit-building loan (tracker loan, etc.)?	Yes / No
	Have an IRA account?	Yes / No
	Have a 401K or 403B account?	Yes / No
	Have other investments ?	Yes / No
	Total value of investments (not savings) is:	\$
	Know how to get answers about consumer issues ?	Yes / No
	My household talks about money issues regularly:	Yes / No
	Do you use the free tax service ?	Yes / No
	Do you know about the EITC tax credit?	Yes / No
	Do you know about the federal Saver's Credit ?	Yes / No