

Florida Master Money Mentor *Program In-Take Form*

Basic Information

County: _____ Date: _____
 Participant Name: _____ DOB: _____
 Spouse or Partner's name (if relevant): _____
 Street address: _____
 City/State/Zip: _____
 Email address: _____ Phone: _____
 How do you prefer to be contacted (phone/email?): _____
 Do you rent or own your residence? (Mark with an X) Rent _____ Own _____

Financial Information

Thinking of all of your sources of family income, what would you estimate your total take-home family **INCOME** to be for the **MONTH**? Please consider both your own as well as additional sources of family income (such as a spouse/partner/child).

Write the estimated amount here: _____

Thinking of all of your family expenses (bills, groceries, entertainment, etc.), what would you estimate your total **EXPENSES** to be for the **MONTH**?

Write the estimated amount here: _____

Thinking of all available funds you would have in the case of an emergency or large expense, what would you estimate your total **CURRENT SAVINGS** to be?

Write the estimated amount here: _____

What are your primary financial concerns? (Please use additional space on the back)

- 1) _____
- 2) _____
- 3) _____

Demographic Information

Which of the following best describes your race? Please mark the best choice with an X in the blank space next to the description.

_____ American Indian/Alaskan Native	_____ Native Hawaiian/Other Pacific Islander
_____ Asian	_____ White
_____ Black/African- American	_____ Other

Which of the following best describes your ethnicity?

_____ Hispanic or Latino _____ Not Hispanic or Latino

How many children under 18 live in your household? _____

What is the total number of people living in your household? _____

Which of the following best describes your marital status? Please mark the best choice with an X in the blank space next to the description.

_____ Married	_____ Widowed	_____ Unmarried
_____ Separated	_____ Divorced	_____ Choose not to respond

What is your gender? _____ Male _____ Female

What is your highest level of education? (Please choose one)

_____ No high school diploma	_____ Vocational certificate	_____ Bachelors degree
_____ High school diploma	_____ Some college	_____ Masters degree
_____ GED diploma	_____ Associates degree	_____ Doctorate degree

Release of information: I certify that all information I have provided is true and correct. I consent to the release of information contained in this assessment to other local social service agencies as it is necessary to complete services to my household, provide statistics and as a guard against duplication of assistance.

I understand that this one - on - one financial coaching serves as an educational resource to offer multiple solutions in order to resolve my current personal finance concerns. It will be my decision what solutions to implement as a result of the one - on - one coaching session(s). I also understand that I cannot hold the University of Florida - IFAS Extension Services or the Boards of County Commissioners liable for any decision made as a result of the session(s).

I have read the above release of information and liability waiver statement regarding the one - on - one personal finance coaching and the use of my personal financial information and understand it:

Client 1 Name (Print)

Client 2 Name (Print)

Date

Client 1 Signature

Client 2 Signature

Date