



**Lewis County Opportunities, Inc.
Consumer Intake Form**

Application # _____

Applicant Name _____

Mailing Address _____

Physical Address _____

Phone Number _____

Email Address _____

SS# _____

Source of Income (Please circle all that apply)

No income	Employment	TANF	PA	OTDA SSP	SSI	SS Disability	SS Retirement
Worker's Comp	Private Disability Insurance	Pension	Int/Divid	Child Support	EITC	Alimony	Unemployment
VA Disability	VA Non-Service Pension	Rental	Self- employment	Other: _____			

Non-Cash Benefits (Please circle all that apply)

SNAP	WIC	HEAP	Housing	HUD/VASH	Permanent Supportive Housing
Public Housing	Child Care Voucher	Affordable Care Act Subsidy	None	Other: _____	

Housing (Please circle one choice)

Own	Rent	Homeless	Other Permanent	Other: _____
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Reliable Transportation (Please circle all that apply)

Yes	No	Public Transportation	Friends/Family	Bicycle
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Household Type (Please circle one choice)

Single Parent- Female	Single Parent- Male	2 Parent	Single Person	2 Adults/No Children	Non-related Adults w/ Children
Multi- Generational	Other: _____				

Household Income Verification (Please complete for all members receiving income)

Member	Amount	Interval (Weekly, Biweekly, Semi-Monthly, Monthly, Semi-Annual, Annually, Quarterly, Other- explain)

Household Members (Please complete for all members in the household- use codes below chart)

Member	Sex	Relation	Marital Status	Date of Birth	Ethnicity	Race	ED	DY	EM	Disabled Y/N	Ins	Military
		Self										

Sex: M (Male), F (Female), X (Other)

Relation: SP (Spouse), CH (Child), PA (Parent), PN (Partner), OT (Other)

Marital Status: CH (child), DI (Divorced), MA (Married), SE (Separated), SI (Single), WI (Widowed)

Ethnicity: HIS (Hispanic/Latin), NON (Non-Hispanic/Latin)

Race: WH (White/Caucasian), BL (Black/African American), MR (Multirace), OTH (Other), AI (American Indian/Alaska Native), NH (Native Hawaiian/Pacific Islander), AS (Asian)

ED- Education: 0-8 (Grade 0-8), 12NON (9-12 non-graduate), HSG (High school graduate), GED (GED), 12+ (Some further education), VS (Vocational school), 2YR (Associate Degree), 4YR (Bachelor Degree)

DY- Disconnected Youth (under 24): IS/NW (In school, not working), IS/W (In school, working), NW/NIS (Not working, not in school), W/NIS (Working, not in school), >24 (Over 24), UK (Unknown)

EM- Employment: FT (Full-time), PT (Part-time), SF (Migrant Seasonal Farmer), US (Unemployed short term *less than 6 months), UL (Unemployed long term *more than 6 months), U (Unemployed *not in workforce), R (Retired)

INS- Insurance: N (No Insurance), MD (Medicaid), ME (Medicare), SC (State Children’s Health), SA (State Adult Health), MH (Military Health), D (Direct Purchase), EM (Employment-based)

Military: N (Non-Military), A (Active Military), V (Veteran)

****If being completed by consumer****

I certify that the above information is true and accurate to the best of my knowledge.

Name (Signature): _____

Date: _____



Money Management Strength

Choose the best answer to each question based on your current financial situation.

	1 point	2 points	3 points
How do you feel about your current financial circumstance?	Terrible/ Not good	Fair/Good	Great
What is your level of money management?	Not at all	Rarely/ Occasionally	Weekly/ Monthly
How timely do you pay your bills?	Some late payments	Usually on time	Always on time
Do you have a budget you use to manage your money?	No	Yes, but informal	Yes, in writing
How often do you track your spending?	Never/Rarely	Only when I need to	Weekly/ Monthly
When do you actively work to reduce your expenses?	Never	Only when I need to	Weekly/ Monthly
Do you run out of money before the end of the month?	Always/ Usually	Occasionally	Rarely/ Never
How many credit cards do you have?	6 or more	3 to 5	0 to 2
How many cards are store cards (Kohls, Lowes, etc)?	4 or more	1 to 3	None
How much credit card debt do you have?	Unsure/ \$20,000+	\$5,000-\$20,000	Under \$5,000
Do you know the interest rates on all your credit cards?	No	Some	Yes
How often do you receive collection calls/letters?	Monthly	Occasionally	Never
When is the last time you pulled your credit report?	Never	2 to 5 years ago	Within the last 2 years
When spending money, do you recognize need vs want ?	Never	Sometimes	Always
Do you have a checking account?	No	Yes	
Do you have a savings account/emergency fund?	No	Yes	
Do you save money each month?	No	Sometimes	Always
Do you contribute to your retirement monthly?	No	Sometimes	Always
Have you ever spoken with a Retirement Planner?	No	Yes	

****Add all the numbers for the answers you chose and write the total in the blank below.**

Your Money-Wise Score: _____

It's time to gain control, and there's no better time than now!	You have some of the basics. It's time to learn more to strengthen your money management skills.	Good, and with some guidance, you can get even better!	Congratulations! You are practicing great money management skills.
Under 20	20 - 29	30 - 39	40 - 50

For some free financial tips and tricks or for help gaining control of your finances, call us at 315-376-8202 ext. 1 or stop in to see us at our New Bremen office.



Monthly Budget Worksheet

Fill in the chart below to create your monthly budget.

Itemized Income

Wages, Salary, Unemployment, TANF	\$
Social Security Benefits, Disability Benefits	\$
Alimony and/or Child Support Received	\$
Interest received on Savings Accounts, CDs, etc.	\$
Pension, VA Benefit, Worker's Compensation	\$
(A) Total Before Taxes	\$
- Taxes Paid Out	\$
= (B) Net Income	\$

Itemized Expenses	Your Payment	Assistance \$	Assistance
Mortgage or Rent Payment	\$	\$	Housing Y/N
Groceries	\$	\$	SNAP Y/N
Heat (Oil, Propane, Wood, Natural Gas)	\$	\$	HEAP Y/N
Propane Stove	\$		
Electric Bill	\$		
Internet, TV, Phone Package	\$		
Cell Phone Bill	\$		
Clothing and/or Laundry	\$		
Vehicle Loan(s)	\$		
Vehicle Gas (per month)	\$		
Vehicle Insurance	\$		
Childcare Expenses, Child Support Payments	\$		
Educational Expenses	\$		
Household Repair, Maintenance, Insurance	\$		
Personal Loan(s)	\$		
Credit Card Payments	\$		
Real Estate Taxes	\$		
School and/or Other Taxes	\$		
Recreation, Hobbies, Habits, Pets	\$		
Medical Bills	\$		
Total Amount Going Out	\$		
- (B) Net Income	\$		
- Agency Assistance Total	\$		
= Monthly Amount Left Over	\$		

Currently Owed Back Payments

Who is Owed?	Amount?	Last Paid?
	\$	
	\$	
	\$	
	\$	

Total Savings (from all sources): \$ _____