

OPPORTUNITIES CONSUMER INTAKE FORM

Consumer Name: _____

SS#: _____

HOUSEHOLD INFORMATION County: _____

Address: _____
(Mailing Address)

Phone: _____

(City, State, Zip)

Cell #: _____

(911 Address - If Different)

E-Mail: _____

SOURCE OF INCOME			
No Income	<input type="checkbox"/>	Worker's Comp	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Disability	<input type="checkbox"/>
TANF	<input type="checkbox"/>	Pension	<input type="checkbox"/>
SSI	<input type="checkbox"/>	Child Support	<input type="checkbox"/>
SS Disability	<input type="checkbox"/>	Alimony	<input type="checkbox"/>
SS Retirement	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>
VA Disability	<input type="checkbox"/>	EITC	<input type="checkbox"/>
VA Non Service Pension	<input type="checkbox"/>	Other	<input type="checkbox"/>

NON CASH BENEFITS			
SNAP	<input type="checkbox"/>	Permanent Supportive Housing	<input type="checkbox"/>
WIC	<input type="checkbox"/>	Public Housing	<input type="checkbox"/>
HEAP	<input type="checkbox"/>	Child Care Voucher	<input type="checkbox"/>
Housing	<input type="checkbox"/>	Affordable Care Act Subsidy	<input type="checkbox"/>
HUD/VASH	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
HOUSING			
Owns	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Rents	<input type="checkbox"/>	Other Permanent	<input type="checkbox"/>

TYPE (Select One)	
Single Parent (F)	<input type="checkbox"/>
Single Parent (M)	<input type="checkbox"/>
2 Parent House	<input type="checkbox"/>
Single Person	<input type="checkbox"/>
2 Adults/No Child	<input type="checkbox"/>
Multi Generational	<input type="checkbox"/>
Non Related Adults w/Children	<input type="checkbox"/>

Amount of Gross Income: _____ (Circle One: Weekly Bi-Weekly Monthly Yearly)

☐ Check box if currently in school

Name	Sex	Relationship	Date of Birth	Race See Code	Ethnicity See Code	Education See Code	Employment See Code	Disabled Yes/No	Insurance See Code	Military See Code
		Self					<input type="checkbox"/>			
							<input type="checkbox"/>			
							<input type="checkbox"/>			
							<input type="checkbox"/>			
							<input type="checkbox"/>			
							<input type="checkbox"/>			
							<input type="checkbox"/>			
							<input type="checkbox"/>			

Codes Needed to Complete Top

Race

- White
- Black or African American
- Multi Race
- Other
- American Indian/Alaska Native
- Native Hawaiian
- Asian

Education

- Grade 0-8
- 9-12 (Non Graduate)
- High School Graduate/GED
- 12+ Post Secondary
- 2-4 Year College
- Graduate of Other Post Secondary School

Employment

- Full Time
- Part Time
- Migrant Seasonal Farmer
- Unemployed - Short Term (6 mo-)
- Unemployed - Long Term (6 mo+)
- Unemployed (Not in Work Force)
- Retired

Insurance

- No Insurance
- Medicaid
- Medicare
- State Children's Health
- State Health Insurance for Adults
- Military Health
- Direct Purchase
- Employment Based

Ethnicity

- Hispanic or Latin
- Not Hispanic or Latin

We at Opportunities respect your privacy and will only speak with outside contacts with your consent. Exceptions include: mandated reporting of child abuse/neglect, court ordered subpoena, and/or reporting imminent harm to self or to others.

Military

- Non Military
- Active Military
- Veteran

REQUEST FOR CRITICAL NEEDS SERVICE:

	Estimated Cost
	Contribution from Applicant
	Total Request

Have you been affected by COVID-19?

Explain: _____

Describe the situation the applicant is facing, and the expected outcome as a result of this request:

Explain why there are no other options available to this applicant to obtain the requested assistance? (Include natural supports such as family and friends, or community supports such as LCDSS, local churches, budgeted payment plans offered by vendors, etc).

FOR OFFICE USE ONLY:

Applicant has been referred for the following additional services:

Additional comments or any other relevant information:

Department Notification Date: _____

☐ Approved

☐ DV ☐ FS ☐ HAPL ☐ HAPJ ☐ WAP ☐ Admin

☐ Denied

Monthly Budget Worksheet

What is my current cash flow?

Agency Use Only-	Household #:	United Way: \$	CSBG: \$
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Itemized Income

Savings:

Wages, Salary, Unemployment, TANF	\$
Social Security Benefits, Disability Benefits	\$
Alimony, Child support (received)	\$
Interest on savings accounts CDs, etc.	\$
Pensions, VA Benefits, Worker Comp	\$
(A). Total Before Taxes:	\$ -
- Taxes Paid Out:	
=(B). Net Income:	\$ -

****IF YOU CIRCLED YES FOR ASSISTANCE PLEASE WRITE THEIR CONTRIBUTION IN THE COLUMN ON THE RIGHT****

Itemized Expenses	Your Payment	** Assistance	Their Contribution
Mortgage or Rent Payment	\$	Housing? Y/N	\$
Groceries	\$	SNAP? Y/N	\$
Heat (Oil / Propane / Wood)	\$	HEAP? Y/N	\$
Propane Stove	\$		\$
Electric Bill	\$		\$
Internet, TV, Phone Package	\$		\$
Cell Phone Bill	\$		\$
Clothing and Laundry	\$		\$
Vehicle Loan(s)	\$		\$
Vehicle Gas (per month)	\$		\$
Vehicle Insurance	\$		\$
Child Care Expenses or Child Support Payments	\$		\$
Educational Expenses	\$		\$
Household repair, maintenance & insurance	\$		\$
Personal Loan(s)	\$		\$
Credit Card(s)	\$		\$
Real Estate Taxes	\$		\$
School/ Other Taxes	\$		\$
Recreation/ Hobbies/ Habits/ Pets	\$		\$
Medical Bills	\$		\$
	\$		\$
Total Amount Going Out:	\$ -		
(B). Net Income:	\$ -		
Agency Assistance Total:			\$ -

Amount Left over at the end of the month: \$ -

Do you currently owe any back payments? Yes: No:

If yes, please list.

To Whom	Amount	Last Paid

**Please answer all questions to explore
your money management strength.**

1. How do you feel about your current financial circumstance?

- 1) Terrible/Not Good 2) Fair/Good 3) Great

2. What is your level of money management?

- 1) Not at all 2) Rarely/Occasionally 3) Weekly/Monthly

3. How timely do you pay your bills?

- 1) Some late payments 2) Usually on time 3) Always on time

4. Do you have a budget which you use to manage your money?

- 1) No 2) Yes, but informal 3) Yes, and in writing

5. How often do you track your spending?

- 1) Never/Rarely 2) Only when I need too 3) Weekly/Monthly

6. When was the last time you actively worked to reduce your expenses?

- 1) Never 2) Only when I need to 3) Weekly/Monthly

7. Do you run out of money before the end of the month?

- 1) Always/Usually 2) Occasionally 3) Rarely/Never

8. How many credit cards do you have?

- 1) 6 or more 2) 3 to 5 3) 0 to 2

9. How many of your cards are store cards (Kohls, Lowes, etc)?

- 1) 4 or more 2) 1 to 3 3) None

10. How much credit card debt do you have?

- 1) Unsure/ \$20,000+ 2) \$5,000 - \$20,000 3) Under \$5,000

11. Do you know the interest rates on all your credit cards? 1) No 2) Yes

12. Have you received calls/letters from collection agencies? 1) Yes 2) No

13. When is the last time you pulled your credit reports?

- 1) Never 2) 2 to 5 years ago 3) Within the last 2 years

14. When spending money, do you recognize “need” vs “want”?

1) Never

2) Sometimes

3) Always

15. Do you have a checking account?

1) No

2) Yes

16. Do you have a savings account/emergency fund?

1) No

2) Yes

17. Do you save money each month?

1) No

2) Yes

18. Do you contribute to your retirement monthly?

1) No

2) Yes

19. Have you ever spoke with a Retirement Planner?

1) No

2) Yes

How to Understand Your Money Management Strength

**Add up the numbers in front of your answers and
compare it to the chart 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 help gaining control of your finances, call us at 315-376-8202 ext. 230
and ask about our free
Financial Empowerment Program.**

