Fill this form out the best you can. There are no right or wrong answers.  This is only so I can better help you. Where you are at today with your money is not nearly as important as where you want to be. We will work together to get there.

1. Which 3 of these would you most like to work on?
   * Work and get off cash benefits
   * Have more money for things I want to buy
   * Manage my money better
   * Pay my bills on time
   * Pay off my debts
   * Improve my credit
   * Save for the future
   * Get insurance (health, life, etc.)
   * Get taxes done
   * Buy a home
   * Start my own business
   * Go to college/vocational training
   * Keep my house or apartment
   * Work and keep my cash benefits
   * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you understand what will happen to your benefits (Social Security, MA, Housing, SNAP, etc.) when you work?
   * Yes
   * A little
   * No
   * Not a concern
3. Have you ever heard of work incentives (e.g., earned income disregard, trial work period, impairment related work expense, etc.)?
   * Yes
   * No
4. Have you ever had a personal or family budget?
   * Yes, and I use it regularly
   * Yes, use it only a little
   * No, but would like one
   * No, not interested
5. Do you get help with your money?
   * Yes, I have a representative payee who gets my money and manages it for me
   * Yes, someone other than a representative payee helps me
   * No, but would like help
   * No, help not needed
6. If you needed $1000 for an unexpected emergency, where would you get it?
   * My savings
   * Sell or cash out an asset, like a car
   * Borrow from family/friend
   * Credit card, payday loan, or other debt
   * Go to the county
   * I don’t know
   * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Check all that you have/use:
   * Checking account
   * Savings account
   * Credit card
   * Debit/ATM Card
   * Electronic banking/bill paying
   * Check cashing/pay day lender, pawn shop, refund anticipation loan
   * Stocks/bonds
   * Mutual fund
   * Money market account
   * Certificate of deposit (CD)
8. Who does your taxes?
   * Free tax services
   * Paid tax preparer
   * Myself
   * I don’t do my taxes
9. Do you qualify for an Earned Income Tax Credit?
   * Yes
   * No, I don’t qualify
   * I don’t know
10. Have you ever gotten the Earned Income Tax Credit?
    * Yes
    * No
    * Don’t know
11. Describe your credit:
    * Good, I pay all bills on time
    * Fair, I pay most of my bills on time
    * Poor, I have bills I haven’t paid
    * I don’t know
12. When is the last time you checked your credit score?
    * Past 12 months
    * 2 years or more
    * Never
13. Do you have any loans (car, home, student, personal)?
    * Yes, working on paying it off
    * Yes, in default or unable to pay
    * Yes, but discharged due to disability
    * No
14. Which of these do you have or have you used?
    * Assistive technology loan program
    * Individual Development Account (IDA)
    * Lifelong learning account
    * Direct Express EBT Card
    * Family Self-Sufficiency Program
    * Plan for Achieving Self Support (PASS)
    * College savings plan (529)
    * Special Needs Trust
    * Federal Home Loan Banks
    * ABLE Account
    * None of the above
15. Is there anything else you would like me to know about your situation?
    * No
    * Yes

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