

Client Intake Form

Biographic and Demographic Information



Primary Client:

Name: _____
Last Name First Name Middle Initial

Social Security #: _____ Date of Birth: _____

Gender: Male TG Male Female TG Female
 Do you Identify as LGBTQ? (Optional) Yes No

Email Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Preferred Method: Cell Phone Home Phone Work Phone Email

Employer: _____ Job Title: _____

Veteran: Yes No Active Duty: Yes No Business Owner: Yes No
 Highest Education Level: No High School High School Some College Associate Degree Bachelor's Degree Graduate School

Race:

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian and White
- American Indian or Alaska Native and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Other multiple races

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Spouse or Partner: (only complete if they are participating in counseling or training – If not, skip to “Household Information” section)

Name: _____
Last Name First Name Middle Initial

Social Security #: _____ Date of Birth: _____

Gender: Male TG Male Female TG Female
 Do you Identify as LGBTQ? (Optional) Yes No

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Cell Phone: _____ Home Phone: _____

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Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Household Information

Address: _____
Street Address & Apt. # City & State Zip Code

County: _____

Residence located in rural area? Yes No
 Primary Language Spoken in home: _____
 Is there a limited English proficiency in household? Yes No
 Household Size: _____
of people for whom you are financially responsible

Marital Status: Single Married Separated Divorced Widowed Unmarried Couple Domestic Partners
 Living Arrangement/Housing Status: Renting Homeowner Living with Family Shelter Homeless Other _____

Gross Annual Household Income

\$ _____

How did you hear about us?

Agency/Company Name

Name of Person at Agency/Company

Name: _____
 Last Name *First Name*



Program Disclosure For Financial Wellness Education

About Us and Program Purpose: Family Foundations is a nonprofit organization that provides high quality and affordable financial stability and mental health counseling services to individuals and families in Northeast Florida. We focus on providing tools and building skills that help our clients address barriers, overcome challenges, and achieve success. In our Financial Wellness program, we help families and individuals take control of their finances and improve their financial futures. We offer financial counseling and education, housing counseling, bankruptcy counseling, and foreclosure intervention services focused on helping improve the financial stability and self-sufficiency for families.

As a program participant, please review your roles and responsibilities, along with the following disclosures, and initial, sign, and date the form where indicated.

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> Review your unique financial situation including income, assets, debts, expenses, and credit history. Prepare a spending plan (budget) that will help you manage your expenses, debts, and increase savings. Create an Action Plan that lists steps the you and the counselor will take in order to help you reach your financial and/or housing goals. Your counselor is not responsible for achieving your counseling goals but will provide guidance and education in support of your goals. Maintain confidentiality of your personal and financial information. To refer you to legal services, if appropriate, and to not provide any legal advice. 	<ul style="list-style-type: none"> Provide accurate information about your income, debts, expenses, credit, and employment. Regularly attend appointments, return calls/emails, and provide requested documentation/paperwork in a timely manner. Provide updates to your counselor including changes in your goals. Complete the steps outlined in your Action Plan and participate in the creation of the action steps and goals. Attend education workshops as recommended Retain an attorney if seeking legal advice or representation on any matters including foreclosure or bankruptcy. Contact Family Foundations at least 24 hours in advance if you need to cancel or reschedule your appointment.
<p>N/A Client(s) Initials</p>	<p>I understand my roles and responsibilities and further understand if I do not work cooperatively with my counselor or Family Foundations, counseling services may be discontinued. This includes, but is not limited to, missing two consecutive appointments.</p>

Agency Fees: Family Foundations charges fees for services provided in our Financial Wellness Program, unless the fee is prohibited by law or contract. Fees may be waived for clients with a household income of 150% or less of the Federal Poverty Guidelines or if the fees will create a financial hardship (documentation required).

Agency Conduct: We serve all clients regardless of income, race, color, religion/creed, gender, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws. No Family Foundations employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling services for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Errors and Omissions and Disclaimer of Liability: I agree Family Foundations, its employees, officers, directors, contractors, volunteers, and agents are not liable for any claims and causes of action arising from errors or omissions by such parties or related to my participation in Family Foundations counseling; and I hereby release and waive all claims of action against Family Foundations and its affiliates. I have read this document and have signed it freely and without

any inducement or assurances of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provisions of this document are unenforceable, they shall be modified to the extent necessary to make the provisions valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: We will do our best to provide great service. If you feel that we have not done so and would like to file a complaint, a complaint form is available from your counselor or the receptionist. We will investigate the complaint and send you written notification of our findings. In order to assess client satisfaction and in compliance with grant funding requirements, Family Foundations, or one of its partners, may contact you or request you to complete a survey evaluating your client experience. Your survey may be confidentially shared with grantors.

Agency Relationships: Family Foundations has financial or professional affiliations with HUD, NFCC, United Way of Northeast Florida, NeighborWorks America, State of Florida, City of Jacksonville, HabiJax, Catholic Charities, Florida Housing Finance Corporation; and banks including Bank of America, Wells Fargo, JP Morgan Chase, TIAA Bank, SunTrust, TD Bank, Capital One, Citi, BB&T, Woodforest Bank, Barclays Bank, Florida Community Bank, as well as Health and Human Services, Baptist Health, Ability Housing, Jacksonville Housing Authority, numerous foundations and private donors. As a program participant, you are not obligated to use the products and services of Family Foundations or our industry partners.

Alternative Services, Programs and Products and Client Freedom of Choice: Family Foundations has programs developed in partnership with the City of Jacksonville, Florida Housing Finance Corporation, Baptist Health, Citi, Wells Fargo and Bank of America. However, you are not obligated to participate in these or other Family Foundations programs and services. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first-time homebuyer loan programs, and other HUD Approved Housing Counseling Agencies. A full list of HUD Approved Housing Counseling Agencies is available on their website www.hud.gov. You are entitled to choose any real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs including utilities assistance, emergency shelters, career resources, food pantries, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Family Foundations and its partners and affiliates. You are not obligated to use any of the products or services listed in the resource list.

I acknowledge that I received a copy of Family Foundations' Privacy Practices, and that I have read, understand, and agree to the Privacy Practices and disclosures provided to me by this agency. I understand that if I have any questions regarding the notices or my privacy rights, I can contact Family Foundations at 904-396-4846.

Signature of Primary Client

Date

Counselor's Signature

Date

Signature of Secondary Client

Date

Name: _____
Last Name First Name



Privacy Policy Disclosure Opt-Out

Please only sign this form if you do not agree with our Privacy Policy Disclosure

Opting Out of Certain Disclosures

You may direct Family Foundations to *not* disclose your non-public personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Family Foundations' ability to provide services such as foreclosure prevention counseling. You will also not be able to participate in the Debt Management Program with Family Foundations. If you choose to opt-out, please sign below under the "Opt-Out" clause. You may change your decision any time by contacting Family Foundations at 904-396-4846.

OPT-OUT: I request that Family Foundations make no disclosures of my non-public personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Family Foundations will NOT be able to answer any questions from my creditors and I am unable to participate in the Debt Management Program with Family Foundations. I understand that I may change my decision any time by contacting Family Foundations at 904-396-4846.

Signature of Primary Client Date

Counselor's Signature Date

Signature of Secondary Client Date

Privacy Policy Disclosure For Financial Wellness Program

Family Foundations is committed to assuring the privacy of individuals and families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. All personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity, and /or
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does Family Foundations collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally,
- Information about your transactions with us, our affiliates, or others,
- Information we receive from your creditors or employment references, and
- Credit Report. As a consumer credit counseling agency, we pull credit reports as a “soft” pull, which means it will not affect your credit score. Family Foundations will pull your credit report for providing financial counseling and will pull your credit report additional times within the next 24 months for follow-up with you as well as for program evaluation.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to Family Foundations employees who need to know that information in order to perform their counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.