



Client Intake Packet

INTAKE DATE: _____

REFERRED TO HRRC BY: _____

I. PERSONAL INFORMATION

FIRST: _____ M.I. _____ LAST: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____ EXT: _____

CELL PHONE: (____) _____ - _____ EMAIL: _____

BIRTHDATE: ____/____/____ SSN#: _____ - _____ - _____

RACE: American Indian/Alaskan Native American Indian/Alaskan Native and Black American Indian/Alaskan Native and White
 Asian Asian and White White Black or African American Black or African American and White
 Native Hawaiian or Other Pacific Islander Other Multiple Race Chose Not to Respond

ETHNICITY: Hispanic Not Hispanic Chose Not to Respond GENDER: Male Female

FOREIGN BORN: Yes No DISABLED: Yes No VETERAN: Yes No ACTIVE MILITARY?: Yes No

CURRENT HOUSING: _____ (rent, own, buying, other)

HOUSEHOLD TYPE: Single Adult Married without children Married with children Two or more unrelated adults
 Female Headed Single parent household Male Headed Single parent household Other

HOUSEHOLD SIZE: _____ NO. OF DEPENDENTS: _____ WHAT AGES?: _____, _____, _____, _____, _____

EDUCATION: Some High School High School Diploma/Equivalent Associate's Bachelor's Graduate/Master's

II. INCOME INFORMATION

PRIMARY EMPLOYER: _____ JOB TITLE: _____

HIRE DATE: _____ PAY CYCLE: Weekly Every other week 2x a month Once a month

GROSS INCOME (before taxes)\$ _____ NET INCOME (after taxes)\$ _____

DO YOU RECEIVE OTHER INCOME? Yes No Source: _____ MONTHLY AMOUNT\$ _____

ANNUAL FAMILY / HOUSEHOLD INCOME (NET) \$ _____

SIGNATURE _____

DATE _____

HOME REPAIR RESOURCE CENTER FINANCIAL WORKSHEET

Monthly Expense	Monthly Cost
Mortgage (Principal, Interest, Taxes and Insurance)	\$
Heating (Gas or Oil)	\$
Electricity	\$
Water/Sewer/Trash	\$
Phone (Home and/or Cell)	\$
Cable and Internet	\$
Food (Groceries, Eating Out, School or Work Meals etc.)	\$
Transportation Costs (Car Note/Gas/Insurance/ Bus Fare etc.)	\$
Other Expenses:	\$
Other Expenses:	\$
TOTAL	\$

Monthly Household Income	Gross (Before Taxes)	Net (After Taxes/Take Home)
Monthly Wages/Salary	\$	\$
Monthly Wages/Salary (secondary/additional)	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Pension/Retirement	\$	\$
Food Stamps/Government Assistance	\$	\$
Child Support/Alimony	\$	\$
Rental Income	\$	\$
Family Contribution	\$	\$
Other Income	\$	\$
Other Income	\$	\$
TOTAL	\$	\$

Signature: _____

Date: _____



2520 Noble Road
Cleveland Heights,
OH 44121

AUTHORIZATION FOR COUNSELING

This documents the certification that I, _____, am applying to be a client of Home Repair Resource Center (HRRC), a HUD approved housing counseling agency the following service.

Financial Capability Counseling

I understand that HRRC provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possible including referrals to other agencies as appropriate.

I understand that HRRC submits client-level information relating to Project Reinvest: Financial Capability grant to the NCRC Data Collection System (DCS), open files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.

I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.

I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I am voluntarily submitting personal information and identification of various documents and other financial information necessary for review and analysis of my case by HRRC financial/foreclosure counselor.

I understand that HRRC counselors and staff are not attorneys and do not provide legal advice or services.

I understand and acknowledge that counseling I received from HRRC is advice only. I am solely responsible for my decisions about my finances. HRRC does not guarantee a successful result.

- I agree that HRRC is authorized to:
- Run my/our credit report
 - Submit my/our file for review
 - Open my/our file for review for program monitoring and compliance
 - Make follow-up contacts with me for program evaluation purposes

I acknowledge that I have received a copy of HRRC's Privacy Policy Statement.

HRRC DISCLOSURE: HRRC does not have any financial relationships with any for-profit or non-profit organizations. I/we understand I am not obligated to receive any other services offered by HRRC or its exclusive partners as a condition of participating in counseling.

CLIENT: _____
DATE: _____

CLIENT: _____
DATE: _____

Received over the telephone by HRRC Counselor, _____ Date: _____
(Name)

Notes or Comments: _____



Privacy Policy

The Home Repair Resource Center (HRRC) has developed this privacy policy to assure our clients that personal information collected will be treated with a high level of confidentiality, and will only be used for program related purposes.

HRRC strictly protects the security of your personal information and honors your choices for its intended use. HRRC has established and maintains reasonable procedures to protect the confidentiality, security and integrity of your personal information. HRRC carefully protects your data from loss, misuse, and unauthorized access. Your personal information is never shared outside the agency without your written authorization.

HRRC will not sell your personal identifiable information to anyone.

HRRC will send you unsolicited information including emails, flyers, event announcements, and newsletters, unless you advise us that you do not want to receive these types of correspondence.

If you have any questions about our privacy policy, please call our office at 216-381-6100.

The Home Repair Resource Center reserves the right to change this policy whenever deemed necessary without prior notification.

Client Signature

Date

Client Signature

Date



Questionnaire

NAME OR NUMBER

Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me