

Circle Leader Progress Report 2017

Date of this report: ____ / ____ / ____

Circle Leader ID# _____

This Report is:

____ Initial/Intake

____ Class Completion/Graduation

____ 6 month

____ 12 month

____ 18 month

____ 24 month

The major pathway for me to economic stability is: ____ Employment ____ Education ____ Both
____ Other (*please specify*): _____

DEMOGRAPHICS

Circle Leader Name _____

Gender: ____ Female

DOB: ____ / ____ / ____

____ Male

How do you describe your racial or ethnic background?

____ Black/African America ____ American Indian/Alaskan Native ____ Asian/Pacific Islander
____ White/Caucasian ____ Hispanic Latino/Chicano ____ Other: _____

POVERTY STATUS

I consider myself a person who is experiencing:

____ Poverty is not a word I would use to describe my experience

____ Generational Poverty (*Two or more generations of my family have lived in poverty.*)

____ Situational Poverty (*My family's poverty is due to trigger event(s), i.e., illness, divorce, long-term, unemployment, etc.*)

A. HOUSEHOLD INCOME

Monthly household income for last 30 days: (*Include all income: gross wages, child support, pension, Social Security, etc. Do not include TANF, SNAP, financial loans, or unemployment benefits.*)

First Circle Leader gross earned income \$ _____

Second Circle Leader gross earned income \$ _____

Other adult (s)(age 19 and above) earned income \$ _____

Child support received \$ _____

Social Security benefits \$ _____

Military pensions or VA benefits \$ _____

Any other income \$ _____

TOTAL Gross Monthly Income for last 30 days \$ _____

Amount of any Earned Income Tax Credit (EITC) last calendar year \$ ____ *If you did not apply, put 0*

*** Have you had any other income outside of this monthly income to improve your overall household income in the last 6 months? _____ If yes, please explain.

*** Has there been a month to month improvement over the last 6 months in your household income? _____ If yes, please explain.

HOUSEHOLD COMPOSITION

The number of adults (age 18 and above) in my household is: _____
The number of children (under 18 years of age) in my household is: _____
The total number of people living in my household is: _____

B. EMPLOYMENT

_____ Unemployed _____ Part-Time _____ Full-Time _____ Self-Employed

I have completed a job readiness training program: ___ Yes ___ No
I would like more info on the job readiness training program: ___ Yes ___ No
I am satisfied with current employment status: ___ Yes ___ No

C. DEBT

What is your current credit score? _____

Credit cards: \$ _____
Medical \$ _____
Student loans \$ _____
Other \$ _____

TOTAL Debt: \$ _____

MONTHLY EXPENSES

For each of these categories, this is for everyone that you support (***For Housing**, include mortgage payment, rent, water, electric, gas, internet access, real estate taxes & insurance. **** For Transportation**, include monthly car payment, estimated repairs, gas & insurance):

	Monthly Expense
Housing *	_____
Transportation**	_____
Food	_____
Childcare	_____
Healthcare	_____
TOTAL Monthly Expenses:	\$ _____

D. CASH ASSETS

Have you had 3 months of cash asset funds for expenses without going into debt?

Yes No

Please put the current amount of funds for each of the cash asset types you have below:

Checking account(s) balance \$ _____

(Total current balance)

Savings account(s) balance \$ _____

(Total current balance)

Cash on hand \$ _____

Investments (Money Markets, Stocks, Bonds, etc...) \$ _____

Retirement (IRA, 501b, etc...) \$ _____

Education Fund \$ _____

TOTAL Cash Assets \$ _____

E. PUBLIC BENEFITS *(In the last 6 months)*

Food stamps (SNAP) \$ _____

Public cash assistance (TANF) \$ _____

Unemployment benefits \$ _____

Other public benefits (WIC, SSDI, etc...) \$ _____

F. HEALTHCARE

Do you have health insurance for yourself? Yes No

Do all of the other adults in your household have health insurance? Yes No

Do all of the children in your household have health insurance? Yes No

G. TRANSPORTATION

Do you have a reliable means of transportation? Yes No

Is it adequate for your household transportation needs? Yes No

Do you have the minimum automobile insurance coverage required by Florida? Yes No

H. FOOD

Did everyone in your household have sufficient food (3 meals a day, 7 days a week) in the past month? Yes No In the past 6 months? Yes No

Are you confident that everyone in your household will have sufficient food in the coming 6 months? Yes No *(Optional)* If not, why? _____

How many times a month do you receive food support from community agencies? _____

How many times a month do you receive food support from non-household family? _____

I. EDUCATION

- Graduated from high School
- Completed Some College
- 4-Yr. Degree
- Completed Certification/Technical Training
- Completed GED
- 2-Yr. Degree
- Graduate Education

J. HOUSING

What are your monthly utility expenses? \$_____

What is your housing status? Own Rent Other

If other, please explain: _____

- Are you current with your rent/mortgage? Yes No
- Are you current with your utility payments? Yes No
- Is there a threat of eviction or foreclosure in the next 3 months? Yes No
- Is your housing safe and stable/secure place to live? Yes No
- Is your housing affordable place to live (33% or less of your income)? Yes No

K. SOCIAL CAPITAL

When I need emotional support, someone to talk with about important situations in my life, or in times of trouble I have the following number of people that I can turn to:

- 0 people
- 1-5 people
- >5 people
- >10 people

Over the past 6 months, this number of people has:

- Increased
- Decreased
- Stayed the same

This group of people includes:

- People who are similar to me or have similar life circumstances
(Bonding Social Capital)
- People who are different from me & have different life experience/expertise
(Bridging Social Capital)

CIRCLE LEADER GOALS

INSTRUCTIONS: Please list the goals that you have set for the next 6 months and indicate which Circles Benchmark each goal works towards (more than one might be applicable).*
If you are still working on the same goals from the last 6 months, please list those goals.

	GOAL DESCRIPTION	BENCHMARK
GOAL #1		A. HOUSEHOLD INCOME B. EMPLOYMENT C. DEBT D. CASH ASSETS E. PUBLIC BENEFITS F. HEALTHCARE G. TRANSPORTATION H. FOOD I. EDUCATION J. HOUSING K. SOCIAL CAPITAL
GOAL #2		A. HOUSEHOLD INCOME B. EMPLOYMENT C. DEBT D. CASH ASSETS E. PUBLIC BENEFITS F. HEALTHCARE G. TRANSPORTATION H. FOOD I. EDUCATION J. HOUSING K. SOCIAL CAPITAL
GOAL #3		A. HOUSEHOLD INCOME B. EMPLOYMENT C. DEBT D. CASH ASSETS E. PUBLIC BENEFITS F. HEALTHCARE G. TRANSPORTATION H. FOOD I. EDUCATION J. HOUSING K. SOCIAL CAPITAL

CIRCLE LEADER ACCOMPLISHMENTS

INSTRUCTIONS: Please list the accomplishments that you have had within the last 6 months and indicate which Circles Benchmark each accomplishment worked towards (more than one might be applicable).* If you still have the same accomplishments from the last 6 months, please list those accomplishments.

	ACCOMPLISHMENT DESCRIPTION	BENCHMARK
ACCOMPLISHMENT #1		A. HOUSEHOLD INCOME B. EMPLOYMENT C. DEBT D. CASH ASSETS E. PUBLIC BENEFITS F. HEALTHCARE G. TRANSPORTATION H. FOOD I. EDUCATION J. HOUSING K. SOCIAL CAPITAL
ACCOMPLISHMENT #2		A. HOUSEHOLD INCOME B. EMPLOYMENT C. DEBT D. CASH ASSETS E. PUBLIC BENEFITS F. HEALTHCARE G. TRANSPORTATION H. FOOD I. EDUCATION J. HOUSING K. SOCIAL CAPITAL
ACCOMPLISHMENT #3		A. HOUSEHOLD INCOME B. EMPLOYMENT C. DEBT D. CASH ASSETS E. PUBLIC BENEFITS F. HEALTHCARE G. TRANSPORTATION H. FOOD I. EDUCATION J. HOUSING K. SOCIAL CAPITAL