

Circle Leader Progress Report 2018

Date of this report: ____ / ____ / ____ **Circle Leader ID#** _____

REPORT STATUS:

Initial/Intake Class Completion/Graduation 6 month
 12 month 18 month 24 month

The major pathway for my economic stability is: Employment Education Both
 Other (*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 (*specify*): _____

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, unemployment*)

A. HOUSEHOLD INCOME

For monthly and last 6 months Household Income: Include all income: gross wages, child support, pension, Social Security, etc. Do not include TANF, SNAP, financial loans, or unemployment benefits.

Household Income Type	Monthly	Last 6 Months
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 Income for monthly & last 6 months	\$ _____	\$ _____

If paid by the hour, what is your hourly rate? \$ _____

About how many hours do you work per week? _____

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 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 _____

B. HOUSEHOLD COMPOSITION

For Household Composition: Please include your spouse and individuals that you claim (or would claim even if you didn't file a tax return) as dependents on your tax return.

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 (including myself) living in my household is: _____

C. 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

D. DEBT

Debt Type	Total Amount	Monthly Minimum Payment
Credit cards	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Student loans	\$ _____	\$ _____
Auto Loans	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
TOTAL Debt Amounts:	\$ _____	\$ _____

What is your current credit score? _____

How often do you check your credit score? ___ Never ___ Rarely ___ Sometimes ___ Often

Do you understand how your credit score affects your economic status? ___ Yes ___ No

Would you like more information about credit scores and what they mean for your financial goals?

___ Yes ___ No ___ Unsure

E. 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):

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

F. CASH ASSETS

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

- Checking account(s) balance \$ _____
- Savings account(s) balance \$ _____
- Cash on hand \$ _____
- Investments (Money Markets, Stocks, Bonds, etc....) \$ _____
- Retirement (IRA, 501b, etc....) \$ _____
- Education Fund \$ _____

TOTAL Cash Assets \$ _____

Please calculate your Total Savings needed to cover 3 months of expenses:

Total Monthly Expenses (from Section E.) multiplied by 3 = \$ _____

Do you have 3 months of expenses in Savings? ___Yes ___No

G. PUBLIC BENEFITS

Public Benefit Type	Monthly Amount
Food stamps (SNAP)	\$ _____
Public cash assistance (TANF)	\$ _____
Unemployment benefits	\$ _____
Other public benefits ___ (WIC, SSDI, etc.)	\$ _____

H. ASSISTANCE

Did you receive or need emergency food, utility or housing assistance in the last 6 months? ___Yes ___No

If you answered yes above, did the assistance help you reach a place of economic stability? ___Yes ___No

Is there a need for assistance that still exists? ___Yes ___No

If you answered yes above, do you see this need arising again in the future? ___Yes ___No

I. HEALTHCARE

Do you have health insurance for yourself? Yes No
Do all of the other adults in your household have health insurance? Yes No Not Applicable
Do all of the children in your household have health insurance? Yes No Not Applicable
Do you have any unmet medical needs? Yes No
How much do you pay monthly for: Insurance \$_____ Co-Pays \$_____ Medication \$_____

J. 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

K. FOOD

Do you or anyone in your household go hungry? Yes No
If you answered yes above, how often? Rarely Sometimes Often
In the next 6 months, do you expect that anyone in your household will go hungry? Yes No

L. EDUCATION

Completed GED Two Year Degree
 Graduated from high School Four Year Degree
 Completed Some College Master's Degree or Higher
 Certification/Technical Training

M. HOUSING

What are your monthly utility expenses? \$ _____
What is your housing status? Own Rent Other
If other, please explain: _____

Does your home need repairs? Yes No
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
Do you receive a housing subsidy? Yes No If so, amount \$ _____

Please Calculate: Monthly Housing Expense _____ ÷ Monthly Income _____ = _____

Is the above answer 33% or less? Yes No

N. 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 Success Metric 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	METRICS
<p>GOAL #1:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>GOAL #2:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>GOAL #3:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL

CIRCLE LEADER ACCOMPLISHMENTS

INSTRUCTIONS: Please list the accomplishments that you have had within the last 6 months and indicate which Circles Success Metric 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	METRICS
<p>ACCOMPLISHMENT#1:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>ACCOMPLISHMENT#2:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>ACCOMPLISHMENT#3:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL