

# 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	\$ _____	\$ _____
<b>TOTAL Gross Income for monthly &amp; last 6 months</b>	<b>\$ _____</b>	<b>\$ _____</b>

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): _____	\$ _____	\$ _____
<b>TOTAL Debt Amounts:</b>	\$ _____	\$ _____

**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):

<b>Expense Type</b>	<b>Monthly Expense</b>
<b>Housing *</b>	\$ _____
<b>Transportation**</b>	\$ _____
<b>Food</b>	\$ _____
<b>Childcare</b>	\$ _____
<b>Healthcare</b>	\$ _____
<b>TOTAL Monthly Expenses:</b>	\$ _____

**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**

<b>Public Benefit Type</b>	<b>Monthly Amount</b>
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><b>GOAL #1:</b></p>	<ol style="list-style-type: none"> <li>1. HOUSEHOLD INCOME</li> <li>2. EMPLOYMENT</li> <li>3. DEBT</li> <li>4. CASH ASSETS</li> <li>5. PUBLIC BENEFITS</li> <li>6. HEALTHCARE</li> <li>7. TRANSPORTATION</li> <li>8. FOOD</li> <li>9. EDUCATION</li> <li>10. HOUSING</li> <li>11. SOCIAL CAPITAL</li> </ol>
<p><b>GOAL #2:</b></p>	<ol style="list-style-type: none"> <li>1. HOUSEHOLD INCOME</li> <li>2. EMPLOYMENT</li> <li>3. DEBT</li> <li>4. CASH ASSETS</li> <li>5. PUBLIC BENEFITS</li> <li>6. HEALTHCARE</li> <li>7. TRANSPORTATION</li> <li>8. FOOD</li> <li>9. EDUCATION</li> <li>10. HOUSING</li> <li>11. SOCIAL CAPITAL</li> </ol>
<p><b>GOAL #3:</b></p>	<ol style="list-style-type: none"> <li>1. HOUSEHOLD INCOME</li> <li>2. EMPLOYMENT</li> <li>3. DEBT</li> <li>4. CASH ASSETS</li> <li>5. PUBLIC BENEFITS</li> <li>6. HEALTHCARE</li> <li>7. TRANSPORTATION</li> <li>8. FOOD</li> <li>9. EDUCATION</li> <li>10. HOUSING</li> <li>11. SOCIAL CAPITAL</li> </ol>

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