

Circle Leader Progress Report 2018

Date of this report: ____ / ____ / ____

Circle Leader ID# _____

This Report is:

____ Initial/Intake month ____ Class Completion/Graduation month
____ 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
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