



Individual Financial Well-Being Assessment

The purpose of this assessment is to gather information about an individual's current financial situation. This form will provide support in guiding an individual on strategies and tools to help them reach their financial goals. The word "goals" is used to describe anything an individual would like to address related to their financial wellness. The goals identified by the individual should reflect what they want for their life - including aspects of their finances that they want to change or improve, things they would like to save for, or even investments they would like to make.

Please have the individual answer the following questions based on where they are today. There are no right or wrong answers. Please provide a copy of the completed assessment to the individual.

Individual Financial Well-Being Follow-up Questionnaire

This Individual Financial Well-Being Assessment is just a place to start. We recommend you re-assess a snapshot of the individual's financial situation quarterly by asking the individual to answer a quick (5 minute) Financial Well-Being Follow-up Questionnaire. This questionnaire will help you quickly assess progress made by the individual as well as their confidence in their financial well-being quarterly.

Please have the individual answer the following questions based on where their activities over the past three months. There are no right or wrong answers. Please provide a copy of the completed assessment to the individual.

Financial Well-Being Assessment

Program Name: _____ **Date:** _____

Please answer the following questions based on where you are today. There are no right or wrong answers. The purpose of this questionnaire is to ensure appropriate information and resources are provided to you to help you reach your goals. Please note that the demographic questions are optional.

First Name: _____ Last Name: _____

Demographics

Male/Female/Prefer not to answer

Age: What is your age?

Do you or a person in your family have a disability? Yes or No

Ethnicity origin (or Race): Please specify your ethnicity.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

Education: What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Masters or above

Marital Status: What is your marital status?

- Single, never married
- Married
- Domestic partnership
- Widowed
- Divorced
- Separated

Please note: I understand that the information I provide in this form, and in follow-up forms, will be shared with National Disability Institute for data analysis purposes only.

Financial Well-Being Assessment

Name: _____ Date: _____

Question	Response
1. Most people have their own idea about what it means to be financially stable or secure, what does this mean to you? *Please capture in no more than 20 words	
2. At this moment, do you feel financially stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3. Do you currently have a personal budget, spending plan, or financial plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
4. Do you have financial goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
5. What is your most important (financial) goal at this time?	
6. How confident are you in your ability to achieve a financial goal you set for yourself today?	<input type="checkbox"/> Not at all confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very Confident
7. Do you have safe and stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
8. Do you have safe and reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
9. Do you have a regular and reliable source of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>10. Are you currently working?</p>	<p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, are you working</p> <p><input type="checkbox"/> Full time</p> <p><input type="checkbox"/> Part time</p> <p>If no, are you interesting in working?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If you are working part-time, would you be interested in working more hours?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Would you be interested in assistance with your job search?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>11. Do you receive any of the following? (check all that apply)</p>	<p><input type="checkbox"/> Income from a job</p> <p><input type="checkbox"/> Income from a family member or friend</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Social Security Disability Insurance (SSDI)</p> <p><input type="checkbox"/> Workers Compensation</p> <p><input type="checkbox"/> Unemployment Insurance</p> <p><input type="checkbox"/> Childcare</p> <p><input type="checkbox"/> SNAP</p> <p><input type="checkbox"/> HUD (Section 8)</p> <p><input type="checkbox"/> LI HEAP</p> <p><input type="checkbox"/> TANF</p> <p><input type="checkbox"/> Other:</p>
<p>12. If you are receiving SSI or SSDI, are you familiar with SSA work incentives?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p>
<p>13. If you are receiving SSI or SSDI, are you receiving advisement from a certified benefits and work incentives specialist (WIPA, CWIC, CWIP)?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p>

14. Over the past month, would you say that your spending on living expenses was less than your total income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If you had an unexpected expense, got sick or had another emergency, how confident are you that you and/or your family could come up with money to make ends meet within a month?	<input type="checkbox"/> Not at all confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident
16a. Do you have debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
16b. If you answered yes to the previous question, check all that apply:	<input type="checkbox"/> Student Loan <input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Medical <input type="checkbox"/> Personal Debt (i.e. to friend) <input type="checkbox"/> Judgment/Wage Garnishment <input type="checkbox"/> Child Support <input type="checkbox"/> Other:
17. In the last two months have you paid a late fee on a loan or bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you saving regularly for:	Your goals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Emergencies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Retirement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
19. Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a checking or savings account at a bank or a credit union?	<input type="checkbox"/> Yes, bank <input type="checkbox"/> Yes, credit union <input type="checkbox"/> No <input type="checkbox"/> Unsure
21. Do you use any of the following financial services? (check all that apply)	<input type="checkbox"/> Credit Cards <input type="checkbox"/> Check Cashing Services <input type="checkbox"/> Payday Loans <input type="checkbox"/> Pawnshops

	<input type="checkbox"/> Other:
22. Have you reviewed your free credit report this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
23. Do you know your credit score?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
24. Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
25. Have you filed taxes each year for the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No